2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9900003817

1. Entity Name



FILED
Mar 13, 2003 8:00 am
Secretary of State
03-13-2003 90003 006 ****50.00

| Making Address Maki | BROTHE | RS LAUNDRY BASKET L.C. | | | 2003 2000 000 000 | |
|--|---|--|--------------------------------------|--------------------|--|--|
| 1983 ELAD WAY WESTON R. 33098 2. Pitroropal Place of Business Suto, Apr. #. etc. Investigation of the property | Principal Place of Rusiness Mailing Address | | | | - | |
| Sultio. Apt. #, etc. Sultio. Apt. #, etc. Great Address of Current Registered Agent Sultion Sultion Applied For Most Applied For Mos | 1563 ISLAND | WAY | 1563 ISLAND WAY | • | | |
| City & State Name and Address of Current Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Name Street Address (PO. Box Number is Not Acceptable) City FL Zip Code City FL Zip | 2. Principal Place of Business | | 3. Mailing Address | | | |
| Zip | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Fee Required Street Address (PO. Box Number is Not Acceptable) | City & State | | City & State . | | 00 0000000 | |
| Name and Address of Current Registered Agent | Zip | Country | Zip | Country | 5. Certificate of Status Desired Status Desired 55.00 Additional | |
| KLEIN, THEODORE J 88 N.E. 168TH STREET NORTH MAMI BEACH FL 33162 City FL Zip Code The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with and accept the obligation of the obligation of FL State Due By May 1, 2003 9. | 6. Name and Address of Current Registered Agent | | | | | |
| SIGNATURE NORTH MIAMI BEACH FL 33162 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. SIGNATURE City FL Zip Code | VIEW THEODODE I | | | Name | | |
| St. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am ramiliar with, and accept the obligations of registered agent to registered agent. SIGNATURE STREAT ADDRESS OTTY-ST-2P OTTO OTTY O | 88 N.E. 168TH STREET | | | Street Address | s (P.O. Box Number is Not Acceptable) | |
| 8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature | | | | | | |
| THE MGR Delete THE Delete TH | ••• | | | | FL ' | |
| Make Check Payable to Florida Department of State Due By May 1, 2003 | 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| ### PILE NOW!!!.FEE IS \$50.00 ### Addition Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. | | | | | | |
| 9. MANAGING MEMBERS / MANAGERS TITLE NAME HOLLAND, JAY STREET ADDRESS TITLE NAME HOLLAND, HARVEY STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR | £ | والمسترد والمتعارض والمتعا | Make Check Payable | to Florida Departm | | |
| TITLE NAME HOLLAND, JAY STREET ADDRESS (CITY-ST-ZIP MGR HOLLAND, HARVEY 23 BUCKING-HAM DRIVE DIEVE NAME STREET ADDRESS CITY-ST-ZIP DRIVE STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZI | 9. | MANAGING MEMBE | | | ADDITIONS /CHANGES | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | | |
| CITY-SI-ZIP WESTON FL 33326 TITLE MGR HOLLAND, HARVEY 23 BUCKINGHAM DRIVE DIX HILLS NY 11746 TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STRET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TI | NAME | | Do::00 | | | |
| MGR | | | | STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP DIX HILLS NY 11746 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STR | | | □ Delete | | ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | - | | | l | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | * * * | • | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | TITLE | DIX TREED IN THE | □ Delete | | ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | <u> </u> | | Change Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | | STREET ADDRESS | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS | | | ☐ Delete | i i | ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | १११ १६२ स्ट्र : | | The state of the s | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | J | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | TITLE | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CHange Addition NAME STREET ADDRESS | | | | NAME | · - · - | |
| NAME STREET ADDRESS STREET ADDRESS | , | | | | | |
| NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS | | | ☐ Delete | TITLE | ☐ Change ☐ Addition | |
| STEEL THE STEEL | I | | | | | |
| · · - | | | | | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information | | ertify that the information supplied with | this filing does not qualify for the | | Section 119.07(3)(i) Florida Statutes I further certify that the information | |

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the receive

SIGNATURE:

MANAGER, OR AUTHORIZED REPRESENTATIVE

9549668859