2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L9900007251 1. Entity Name LYNN HAVEN DRY CLEANERS, L.L.C.					Feb 24, 2004 08:00 AM Secretary of State
1	ce of Susiness	Mailing Address			
		P.O. BOX 548 LYNN HAVEN FL 3244	4		
2. Principal Place of Business 3		3. Mailing Address			
Suite, Apt. #. etc.		Suite, Apt. #, etc.			MOORE CR2E083 (11/03)
City & Sta	te	City & State			4. FEI Number
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired See Required Fee Required
Name and Address of Current Registered Agent				N.	7. Name and Address of New Registered Agent
STOPKA, ALBERT J III 108 MOSLEY DRIVE LYNN HAVEN FL 32444				Name	
				Street Address	(P.O. Box Number is Not Acceptable)
				City	FL Zip Code
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 account the obligations of registered agent,					
SIGNATURE Signature, typed or printed name of registerod agent and title if applicable (NOTE Registerod Agent signature required when reinstaing) OATE					
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		Make Check Payable	e to Flo	•	ent of State
		<u> </u>		ay 1, 2004	
9. BILE	MANAGING MEME		10.	-	ADDITIONS/CHANGES
NAME	PATEL, AJAY	☐ Defete	NAM	_	☐ Change ☐ Addition
STREET ADDRESS	P.O. BOX 548	-		ET ADORESS	
CITY-ST-ZIP	LYNN HAVEN 32444		_	-ST-ZIP	
TITLE NAME	MGR PATEL, KIRIT	☐ Delete	RILE NAM	1	☐ Change ☐ Addition
STREET ADORESS	P.O. BOX 548		•	ET ADDRESS	U90000064466 02/24/04-80013-017 50.00
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TITLE		☐ Delete	3171.5		☐ Change ☐ Addition
NAME STREET ADDRESS			NAM	E ET AODRESS	
CITY-ST-ZIP			•	-ST-ZIP	
TETLE		☐ Delete	រាយ		☐ Change ☐ Addition
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CITY+ST-ZIP				ET ADDRESS -ST-ZIP	
रहा इ		☐ Delete	FITLE		☐ Change ☐ Addition
NAME			NAM		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	
11. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes. I but her 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 only, 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.					

JRE:
SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING WEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

FILED

2/22/14 (850) 265-6535 Date Daytine Proce *