

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 22, 2003 8:00 am**  
**Secretary of State**

04-22-2003 90182 029 \*\*\*\*50.00

**DOCUMENT # M01000000749**



1. Entity Name  
**SPINCYCLE, LLC**

Principal Place of Business      Mailing Address  
15990 N. GREENWAY HAYDEN LOOP. STE. 400      15990 N. GREENWAY HAYDEN LOOP. STE. 400  
SCOTTSDALE AZ 85260      SCOTTSDALE AZ 85260

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      **86-1023909**      Applied For  
Not Applicable

5. Certificate of Status Desired            **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YOST, TIM</b>		NAME		
STREET ADDRESS	<b>15990 N. GREENWAY HAYDEN LOOP #400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85260</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMBARDI, CHRIS</b>		NAME	<b>Lombardi, Chris</b>	
STREET ADDRESS	<b>15990 N. GREENWAY HAYDEN LOOP #400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85260</b>		CITY-ST-ZIP		
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORLOCK, JOHN</b>		NAME		
STREET ADDRESS	<b>15990 N. GREENWAY HAYDEN LOOP #400</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SCOTTSDALE AZ 85260</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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.

SIGNATURE: SIGNATURE REQUIRED      Date: 4/15/03      Daytime Phone #: 480-707-9999

CR2E083 (10/02)