

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004787

Entity Name: SUN UNIFORMS, LLC

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

## New Principal Place of Business:

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486

## Current Mailing Address:

5200 TOWN CENTER CIRCLE, SUITE 600  
BOCA RATON, FL 33486

## New Mailing Address:

5200 TOWN CENTER CIRCLE  
SUITE 600  
BOCA RATON, FL 33486

FEI Number: 20-1190712

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: SUN CAPITAL PARTNERS III, LP  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM ( ) Delete  
Name: SUN CAPITAL PARTNERS III QP, LP  
Address: 5200 TOWN CENTER CIRCLE, SUITE 600  
City-St-Zip: BOCA RATON, FL 33486

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAURA LOUIS

POA

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date