

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90007 007 ****50.00

DOCUMENT # M05000000483

1. Entity Name
G&K SERVICES LUG, LLC



Principal Place of Business
**5995 OPUS PARKWAY, SUITE 500
ATTN: TAX DEPARTMENT
MINNETONKA, MN 55343-9078**

Mailing Address
**5995 OPUS PARKWAY, SUITE 500
ATTN: TAX DEPARTMENT
MINNETONKA, MN 55343-9078**

20032120



01062006 Chg-LLC CR2E083 (11/05)

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

20-2044449

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
FISHER, DAVID F
5995 OPUS PARKWAY, SUITE 500
MINNETONKA, MN 553439078** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE **MGR** **RICHARD L. MARCANTONIO** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **5995 OPUS PKWY, SUITE 500
MINNETONKA, MN 55343**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE **MGR** **JEFFREY L. WRIGHT** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP **5995 OPUS PKWY, SUITE 500
MINNETONKA, MN 55343**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DAVID F. FISHER 4.10.06 (952) 912-5736

Date

Daytime Phone #