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FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700077393

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90042 021 ***150.00

1. Corporation	Name	,011000				
LAFRANC	CE DRY CLEANERS, INC.		٠,	· [
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	180894 	Mailing Address		- E INDEFENDAT IND HOUSE HORES ON EN	Offish Both mash: (Other chann steen i	#### 1111 FWB1
Principal Place	of Business	•		1	•	
4435 TAMIAMI T		4435 TAMIAMI TRAIL	000	1		
CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33			960	DO NOT WRITE IN THIS SPACE		
				3. Date Incorporated or Qualife	ed	
				09/05/1997		
	1975	2a. Mailing Address		4. FEI Number	App	olied For
2. Principal Pl	lace of Business	⊢ , "		65-0781673	 	Applicable
21		26 Suits Ant # ata		05 070 1073	\$8.75 A	
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Rec	
22		27			45.00	`
City & State	e	City & State		6. Election Campaign Financin	g ☐ \$5.00 t	
23		28		Trust Fund Contribution		71 003
Zip	Country	Zip	Country	8. This corporation owes the co	urrent year Intangible	Mo
24	25	1	30	Personal Property Tax.		140
<u> </u>	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of Nev	v Registered Agent	
		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	81 Name	•	•	
OAK	S, DAVID K		82 Street Add	ress (P.O. Box Number is Not Acce	ptable)	
252	W MARION AVE		ou con Add	* 5. may 5 5. 1. 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ر د د د د د د د د د د د د د د د د د د د	C
	TA GORDA FL 33950	•	83			
	7.1			1314 7 31, 52-6		9/01/10/10 2012 or 100
			84 City		FI 85 Zip C	ode
100					be nurnose of changing its	registered
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statutes e of Florida. Such change was aut	s, the above-named corp thorized by the corporati	ion's board of directors. I hereby ac	cept the appointment as reg	gistered
11: Pursuant office or re agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State m familiar with, and accept the oblig	602 and 607.1508, Florida Statutes e of Florida. Such change was aut gations of, Section 607.0505, Flori	s, the above-named corp thorized by the corporati da Statutes.	poration submits this statement for t ion's board of directors. I hereby ac	cept the appointment as rec	gistered
agent. I a	im familiar with, and accept the oblig	pations of, Section 607.0000, 1 lone	da Olaisioo.			gistered
11: Pursuant office or re agent. I a	Im familiar with, and accept the oblig Signature, typed or printed name of registered ag	pent and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) : \(\infty \infty \)	DATE	
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agent. I as SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered as OFFICERS A PSTD BRAVERMAN, MIKHAIL	pent and title if applicable. (NOTE: F	Registered Agent signature require 13. 1.1 TITLE	ed when reinstating).	DATE OFFICERS AND DIRECTO	RS IN 12
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14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of principles of the proporation of the receiver of the proporation of the receiver of the proposition of the receiver of the proposition of the CITY-ST-ZIP

6.4 CITY-ST-ZIP

SIGNATURE: