

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000063199

Entity Name: UNIFORMS OF STUART LLC.**Current Principal Place of Business:**2605 WEST 8TH AVENUE
HIALEAH, FL 33010**Current Mailing Address:**2605 WEST 8TH AVENUE
HIALEAH, FL 33010**FEI Number:** 37-1693171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ARAZOZA & FERNANDEZ-FRAGA P.A.
2100 SALZEDO STREET, SUITE 300
CORAL GABLES, FL 33134 US*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**Authorized Person(s) Detail :**

Title	MGR
Name	MOERA, EDLEEN
Address	8400 S.W. 70TH STREET
City-State-Zip:	MIAMI FL 33143

Title	MGR
Name	BALTODANO, ELIZABETH
Address	8770 S.W. 52ND STREET
City-State-Zip:	MIAMI FL 33165

Title	MGR
Name	DE PAZ, EVELYN
Address	2540 S.W. 156TH COURT
City-State-Zip:	MIAMI FL 33185

Title	MGR
Name	DE PAZ, MOISES
Address	10955 S.W. 36TH STREET
City-State-Zip:	MIAMI FL 33165

Title	MGR
Name	DE PAZ, NELLY
Address	10955 S.W. 36TH STREET
City-State-Zip:	MIAMI FL 33165

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDLEEN MOERA**MANAGER****02/03/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date