
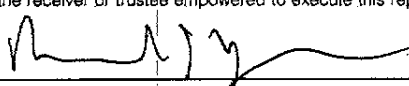


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000082841		
1. Entity Name BLUE WATER EXPRESS WASH 2, LLC		
Principal Place of Business 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	Mailing Address 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MAY, EARL 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MAYCO AUTOMOTIVE, INC. 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312	 U00000549768 05/13/06-80034-013 50.00 DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TYRRELL, KENNETH 200 SUGAR PLUM TALLAHASSEE, FL 32312	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TYRRELL, BILL 5246 S.E. ORANGE STREET STUART, FL 34997	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  4/26/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		



04252006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-2134164

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required