


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 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
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DO NOT WRITE IN THIS SPACE



04232007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2134164	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	-\$5.00 Additional - Fee Required

6. Name and Address of Current Registered Agent

MAY, EARL
 1017 SUMMERBROOKE DRIVE
 TALLAHASSEE, FL 32312

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MAYCO AUTOMOTIVE, INC. 1017 SUMMERBROOKE DRIVE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TYRRELL, KENNETH 200 SUGAR PLUM TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 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	

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 05/08/07-80044-024 50.00

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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 or 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, OR AUTHORIZED REPRESENTATIVE

Date _____ Daytime Phone # _____