|  | UNIFORM BU  |                             |  |                                       |   |   |                                     | •                                   |                        |
|--|---|-----------------------------|--|---------------------------------------|---|---|-------------------------------------|-------------------------------------|------------------------|
| 1. Entity Nan  | MENT # LOOO   | 00007402                    |  | 1                                     |   |   |                                     | ,                                   |                        |
| PALME  | TTO CAR WASH LLC  |                             |  |                                       | FI  | LED                                     | •                                   |                                     |                        |
| Principal Plac   | ee of Business  | Mailing Address             |  |                                       | 1 JUL   | -2 AM 8:4                               | 7                                   |                                     |                        |
| 1303 61ST STREET N.W. BRADENTON FL 34209  2. Principal Place of Business |   | 1303 61ST STR               | 1303 61ST STREET N.W.                              |                                       | SECRETA<br>ALLAHAS  | RETARY OF STATE AHASSEE, FLORIDA        |                                     |                                     |                        |
|  |   | 3. Mailing Addre            |  |                                       | DO NOT WRITE IN THIS SPACE  4. FEI Number 1019292 Applied For Not Applied For |   |                                     |                                     |                        |
| Suite, Apt.  | Suite, Apt. #, etc. City & State  |                             |  |                                       |   |   |                                     |                                     |                        |
| City & Sta   |   |                             |  |                                       |   |   |                                     |                                     | <u> </u>               |
| Zip Country  |   | Zip                         | Zip Cou  |                                       | 5. Certificate of Status Desired S5.00 Additional Fee Required  |   |                                     | litional                            |                        |
| =  | 6. Name and Address of Cu   | rrent Registered Agent      |  | Name                                  | 7. Nam  | e and Address of N                      | ew Registered                       | Agent                               |                        |
| . <br>.  <b>H</b> (  | OLLAND & KNIGHT, LLP  |                             | Street Address (P.O. Box Number is Not Acceptable) |                                       |   |   |                                     |                                     |                        |
| 400 NORTH ASHLEY DRIVE, SUITE 2300<br>TAMPA FL 33602                     |   |                             |  | Oli CCI / Gallos                      |   |   |                                     |                                     |                        |
| "  | THIRTY I & GOODE  |                             |  | City                                  |   |   | FI                                  | Zip Code                            | <br>ə                  |
| 8. The above   | named entity submits this statem  | nent for the purpose of cha | anging its register                                | ed office or regis                    | tered agent,  | or both, in the State                   |                                     | <u> </u>                            |                        |
|  | ·   | , .                         |  |                                       | -   |   |                                     |                                     |                        |
| SIGNATURE  | Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signa     |                             |  |                                       |   | ing)                                    | DATE                                |                                     |                        |
| ,  |   | Make Cl                     | FILE NOW!!!<br>heck Payable I<br>Due By Septe      | o Department                          | of State  | -07                                     | /16/01<br>***50.00                  | 010440                              | 024                    |
| 9.   | MANAGING M  | MANAGING MEMBERS/MANAGERS   |  |                                       | 1emb  | , ,                                     | ONS/CHANGE                          | S Change                            | Addition               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   | □ o.                        | NAM<br>STR   | EET ADDRESS / 3                       | ourt<br>103 61  | 20/ler<br>st st NW<br>ton, FL           | 1<br>3420                           |                                     | Acution                |
| TITLE<br>NAME<br>STREET ADDRESS  |   | □ De                        | NAM<br>STRI  | E<br>IE<br>EET ADDRESS                | Tag or  |   |                                     | ☐ Change                            | Addition               |
| CITY-ST-ZIP TITLE  NAME  STREET ADDRESS                                  |   |                             | elete =TiTL  | E. M.                                 | en bei  | -bour Wal<br>FL 33                      | K Ross                              | Change                              | Addition               |
| CITY-ST-ZIP  |   |                             | CITY   |                                       | ampa  | FL 33                                   | 602                                 |                                     |                        |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   | □ O <sub>1</sub>            | NAM<br>STR   |                                       |   |   |                                     | ☐ Change                            | ☐ Addition             |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                    |   | D                           | NAM<br>STR   | EET ADDRESS                           |   |   |                                     | ☐ Change                            | Addition               |
| TITLE NAME STREET ADDRESS CITY 31-ZIP                                    |   | □ 00                        | elete TITL<br>NAM<br>STR                           |                                       |   |   |                                     | ☐ Change                            | ☐ Addition             |
| 11. I hereby indicated   | certify that the information supplied on this report is true and accurate thill true company or the receiver or | te and that my signature sl | qualify for the exe                                | mption stated in<br>e legal effect as | if made unde  | r oath; that I am a m<br>orida Statutes | ites. I further ce<br>nanaging memi | ertify that the in<br>ber or manage | iformation<br>r of the |
| 1  |   | 1 / 1 /                     |  | OURT :                                |   |   | , .                                 |                                     |                        |