2003 LIMITED LIABILITY COMPANY

FILED Sep 09, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # L01000004857 09-09-2003 90018 007 ****50 00 WASH AROUND THE CLOCK, L.L.C. Principal Place of Business Mailing Address 7616 MONARCH COURT 3803A W COMMERCIAL BLVD TAMARAC FL 33309 DELRAY BEACH FL 33446 3. Mailing Address 2. Principal Place of Business 3803 A W. COMMARCIA/ BOUD Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4. FEI Number 65-1092514 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROTHMAN LAWRENCE S ROTHMAN, LAWRENCE S Street Address (P.O. Box Number is Not Acceptable) 7616 MONARCH COURT **DELRAY BEACH FL 33446** 3803 A W. COMMERCIAL TAMARAC 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 ขเ Signature, typed or ame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 24, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGR Change Addition TITLE TITLE ☐ Delete ROTHMAN SUEAN H ROTHMAN, SUSAN H NAME NAME 3803A W. COMMERCIAL BUND 7616 MONARCH CT STREET ADDRESS STREET ADDRESS TAMAMAC, FI 33309 DELRAY-BEACH FL-33446 CITY-ST-ZIP CITY-ST-ZIF MGR TITLE ☐ Delete TITLE ROTHMAN, LAWRENCE S ROTHMAN, LAWRENCE S NAME NAME 3803 A W. Commancest BLVD :7616 MONARCH CT STREET ADDRESS STREET ADDRESS TAMHANC, P1 33309 CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33448 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. 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 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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

□ Delete

SIGNATURE AND TYPED OR

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

☐ Change

Addition