

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-07-2003 90012 006 ****55.00

DOCUMENT # L02000000886

1. Entity Name

ATLANTIS CAR WASH, L.L.C.



Principal Place of Business

120 DOLPHIN DRIVE
OCEAN RIDGE FL 33435
US

Mailing Address

120 DOLPHIN DRIVE
OCEAN RIDGE FL 33435

2. Principal Place of Business

6062 S. Congress Avenue

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lantana, Florida

City & State

Zip

33462

Country

US

Zip

Country

4. FEI Number

24-0020044

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



55009931

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQUIRE
FUCHS AND JONES, P.A.
590 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	president	<input type="checkbox"/> Delete
NAME	Jeffrey S. Robinson	
STREET ADDRESS	120 Dolphin Drive	
CITY-ST-ZIP	Ocean Ridge, Florida 33435	
TITLE	VICE president	<input type="checkbox"/> Delete
NAME	Shelley M. Robinson	
STREET ADDRESS	120 Dolphin Drive	
CITY-ST-ZIP	Ocean Ridge, Florida 33435	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:

Jeffrey S. Robinson 2/4/03 (56) 254-3946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2083 (10/02)