

L020000010492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

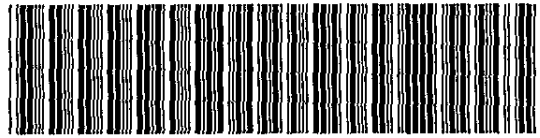
(Business Entity Name)

(Document Number)

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FILED
2005 MAY 13 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

MAY 19 2005

LAW OFFICES OF

Mark Lang & Associates

222 WEST COMSTOCK AVENUE • SUITE 210 • POST OFFICE BOX 2615 • WINTER PARK, FLORIDA 32790-2615
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May 11, 2005

State of Florida
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

FILED
2005 MAY 13 PM 2:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Re: Waterford Lakes Car Wash, LLC
Document Number: L02000010492
Our File No. 04-257

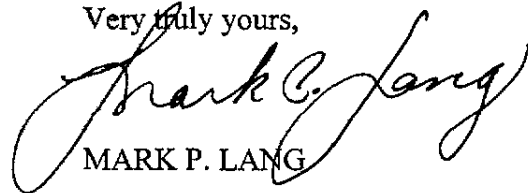
Dear Sirs:

Enclosed herein please find a Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company for the above referenced corporation. Also enclosed is a check for the amount of \$25.00 representing the filing fee for this matter.

If you need anything further, please do not hesitate to contact me.

Thanking your for your cooperation and assistance regarding this matter, I remain

Very truly yours,


MARK P. LANG

MPL/sld

Enclosures

Cc: Waterford Lakes Car Wash, LLC
Cassandra Levine

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: Waterford Lakes Car Wash, LLC
2. The mailing address of the limited liability company is : 340 South Alafaya Trail, Orlando, Florida 32828

3. Date of filing/registration in Florida May 1, 2002 4. Document number L02000010492

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Mark P. Lang, Esquire
Name
222 West Comstock Avenue, Suite 210
Address
Winter Park, Florida 32789
City, State and Zip

6. The name and address of the new registered agent and/or office:

Cassandra Levine
Name
340 South Alafaya Trail
Florida street address (P.O. Box NOT acceptable)
Orlando FL 32828
City, State and Zip

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Cassandra Levine
(Signature of a member or authorized representative of a member)

CASSANDRA LEVINE
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Cassandra Levine
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314