

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**

04-04-2008 90139 006 \*\*\*138.75

**DOCUMENT # L02000011159**

**1. Entity Name**

**SPARKLE CAR WASHES OF BREVARD, LLC**



**Principal Place of Business**

**575 SECOND AVENUE SOUTH, SUITE 211  
ST. PETERSBURG, FL 33701**

**Mailing Address**

**575 SECOND AVENUE SOUTH, SUITE 211  
ST. PETERSBURG, FL 33701**

**60019941**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**02-0597073**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**ANDERSON, STEPHENSON  
575 SECOND AVENUE SOUTH, SUITE 211  
ST. PETERSBURG, FL 33701**

**DO NOT WRITE  
IN THIS SPACE**

**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 \$138.75  
After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

|                        |                                           |
|------------------------|-------------------------------------------|
| <b>TITLE</b>           | <b>MGRM</b>                               |
| <b>NAME</b>            | <b>ANDERSON, STEPHENSON</b>               |
| <b>STREET ADDRESS</b>  | <b>575 SECOND AVENUE SOUTH, SUITE 211</b> |
| <b>CITY - ST - ZIP</b> | <b>ST. PETERSBURG, FL 33701</b>           |
| <b>TITLE</b>           |                                           |
| <b>NAME</b>            |                                           |
| <b>STREET ADDRESS</b>  |                                           |
| <b>CITY - ST - ZIP</b> |                                           |
| <b>TITLE</b>           |                                           |
| <b>NAME</b>            |                                           |
| <b>STREET ADDRESS</b>  |                                           |
| <b>CITY - ST - ZIP</b> |                                           |
| <b>TITLE</b>           |                                           |
| <b>NAME</b>            |                                           |
| <b>STREET ADDRESS</b>  |                                           |
| <b>CITY - ST - ZIP</b> |                                           |
| <b>TITLE</b>           |                                           |
| <b>NAME</b>            |                                           |
| <b>STREET ADDRESS</b>  |                                           |
| <b>CITY - ST - ZIP</b> |                                           |

**DO NOT WRITE  
IN THIS SPACE**

**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 #

**Stephenson Anderson 3/27/08 727-897-9151**