2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012904

MOVIL EXPRESS CAR WASH, LLC

A STATE OF THE STA

FILED May 02, 2003 8:00 am Secretary of State
05-02-2003 90573 045 ****50.00

Daytime Phone #

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Suito, April #, rot.	Principal Plac	e of Business		Mailing Address		<u> </u>						
Suito, Apt. #, etc.	6165 NW 114TH COURT. UNIT 118			6165 NW 114TH COURT, UNIT 116								
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Name	Zip Country			Zip Counti		try	5. Certificate of Status Desired					
POSADA, MARCO A 616S NW 114TH COURT, UNIT 118 MIAMI FL 33178 City FL Zip Code		6. Name and	Address of Current R	egistered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name a	nd Address of New Reg	gistered Ag	ent		1
Single Addition Single Additio	POS	ADA MARCO	Δ			Name						ļ
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature byte of provided name of registered agent and their applicable. (POPE, Registered Agent agrafus required when remaining) DATE	6165	NW 114TH C				Street Address (P.O. Box Number is Not Acceptable)]
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Control Co	THE STATE OF THE S	W 1 E 99170				City				Zin Cod	 le	}
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Signature Sign				the purpose of changing it	s registere	ed office or regist	ered agent, or b	ooth, in the State of Florid	da. I am fai	niliar with,	and accept	
Make Check Payable Florida Department of State Due D	SIGNATURE .	Signature, typed or pri	nted name of registered agent an	d title if applicable. (NO	TE: Registere	d Agent signature requir	red when reinstating)		DATE			
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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												
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE