

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90100 011 ****50.00

DOCUMENT # L02000021900

1. Entity Name

JET STREAM AUTO WASH



Principal Place of Business

**6737 2ND AVE. CIRCLE WEST
BRADENTON FL 34209**

Mailing Address

**6737 2ND AVE. CIRCLE WEST
BRADENTON FL 34209**

14047026



MOORE

CR2E083 (4/04)

2. Principal Place of Business

395 45TH ST E.

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH, FLORIDA

City & State

SAME

4. FEI Number

56-2288627

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**-SANTIAGO, VICTOR G ESQ.
3119 MANATEE AVE. WEST
BRADENTON FL 34205**

Name

N/A SAME

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 September 8, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
KRAFT, FRANK TIMOTHY
6737 2ND AVE. CIRCLE WEST
BRADENTON FL 34209**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASSISTANT MANAGER
KAREN KRAFT
6737 2ND AVE CIRCLE WEST
BRADENTON, FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASSISTANT MANAGER
KAREN KRAFT
6737 2ND AVE CIRCLE WEST
BRADENTON, FLORIDA**

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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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 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:

Frank T. Kraft

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

Date

7-24-04

Daytime Phone #

(941) 792-4072