


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 10, 2004 8:00 am**  
**Secretary of State**

05-10-2004 90010 022 \*\*\*\*50.00

**DOCUMENT # L02020023209**

1. Entity Name  
**KEVIN'S AUTOMOTIVE DETAILING, LLC**



Principal Place of Business  
**17789 46 COURT NORTH  
 LOXAHATCHEE, FL 33470**

Mailing Address  
**17789 46 COURT NORTH  
 LOXAHATCHEE, FL 33470**

2. Principal Place of Business  
*2722 B WESTGATE AVE*

3. Mailing Address  
*2722 B WESTGATE AVE*

Suite, Apt. #, etc.

City & State  
*WEST PALM BEACH FL*

City & State  
*WEST PALM BEACH FL*

Zip  
*33409*

Country



01212004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
**75-3080845**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

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

**THOMPSON, DOUGLAS  
 1280 NORTH CONGRESS AVENUE  
 WEST PALM BEACH, FL 33419**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by May 1, 2004**

\_\_\_\_\_

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BOYLE, KEVIN J 17789 46TH CT N LOXAHATCHEE, FL 33470	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RYAN, SUSAN A 1078 MANOR DR PALM SPRINGS, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACKER, MARK A 7520 N MILITARY TRL WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

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

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 60B, Florida Statutes.

**SIGNATURE:** *Susan A Ryan* **SUSAN A RYAN** *4/30/04* *561 357-9811*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #