

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90408 020 ****50.00

DOCUMENT # L02000033417

1. Entity Name

AUTO SPA CAR WASH & LUBE CENTER, LLC



DO NOT WRITE IN THIS SPACE

30058581

2. Principal Place of Business

7710 SR 544E

3. Mailing Address

7710 SR 544E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Winter Haven FL

City & State

Winter Haven FL

4. FEI Number

11-3666242

Applied For

Not Applicable

Zip

Country

33881

Zip

Country

33881

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name Roy Siebold

Street Address (P.O. Box Number is Not Acceptable)

308 Ruby Lake Ln

City

Winter Haven

FL

Zip Code

33884

**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.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mGRm
Roy Siebold
308 Ruby Lake Ln
Winter Haven FL 33884

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
mGRm
Dennis Phillips
308 Ruby Lake Ln
Winter Haven, FL 33884

TITLE
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STREET ADDRESS
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: Roy Siebold

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

Date

Daytime Phone #

4-4-03

863-422-8833

CR2E083B (12/02)