


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 15, 2008 8:00 am**  
**Secretary of State**

05-15-2008 90073 016 \*\*\*138.75

<b>DOCUMENT # L03000008186</b>	
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1. Entity Name  
**WALTEK CARWASH SYSTEMS, LLC**

Principal Place of Business <b>875 E. COWBOY WAY SUITE 102 LABELLE, FL 33935</b>	Mailing Address <b>875 E. COWBOY WAY SUITE 102 LABELLE, FL 33935</b>
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2. Principal Place of Business - No P.O. Box # <b>921 Arvid Circle</b>	3. Mailing Address <b>921 Arvid Circle</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Labelle, Florida</b>	City & State <b>Labelle, Florida</b>
Zip <b>33935</b>	Zip <b>33935</b>
Country <b>US</b>	Country <b>US</b>

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>43-2002664</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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

**GARGANO, ANTHONY J  
2075 WEST FIRST STREET  
SUITE 203  
FORT MYERS, FL 33901**

**7. Name and Address of New Registered Agent**

Name  
**KENNETH A. WALLACE**  
Street Address (P.O. Box Number is Not Acceptable)  
**998 E. COWBOY WAY**  
City  
**LABELLE** FL Zip Code  
**33935**

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**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE <b>MGRM</b>	<input type="checkbox"/> Delete
NAME <b>WALLACE, KENNETH A</b>	
STREET ADDRESS <b>5810 DIVISION DRIVE</b>	
CITY-ST-ZIP <b>FORT MYERS, FL 33905</b>	

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

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

TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

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

**10. ADDITIONS/CHANGES**

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

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

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

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

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.

