

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035358

FILED  
Jul 28, 2006  
Secretary of State

Entity Name: CAR WASH EMPORIUM, LLC

**Current Principal Place of Business:**

3501 N. PARK RD.  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3501 N. PARK RD.  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 02-0706598      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LEVY, ELY  
3501 N. PARK RD.  
HOLLYWOOD, FL 33021      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: LEVY, ELY  
Address: 3501 N. PARK RD.  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM      ( ) Delete  
Name: SANTIAGO, STEVEN  
Address: 9521 SEDGWOOD DR.  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: STEVEN SANTIAGO

MGRM

07/28/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date