


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90030 046 ****50.00

DOCUMENT # L03000036069		
1. Entity Name DRY WASH CLEANERS, LLC		

Principal Place of Business 10400 NW 33 STREET SUITE 270 MIAMI, FL 33172 US	Mailing Address 10400 NW 33 STREET SUITE 270 MIAMI, FL 33172 US
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24039955



2. Principal Place of Business 21205 NE 37 Ave Suite, Apt. #, etc. # 1409 City & State Aventura, FL Zip 33180 Country	3. Mailing Address 21205 NE 37 Ave Suite, Apt. #, etc. # 1409 City & State Aventura FL Zip 33180 Country
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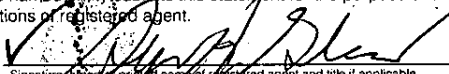
04092004 Chg-LLC CR2E083 (10/03)

4. FEI Number 71-0954682	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FERRELL GROUP CORPORATE SERVICES, L.L.C. 201 S. BISCAYNE BLVD. 34TH FLOOR MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Stuart H. Glauser Street Address (P.O. Box Number is Not Acceptable) 12910 SW 84 street City Miami FL Zip Code 33183
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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.

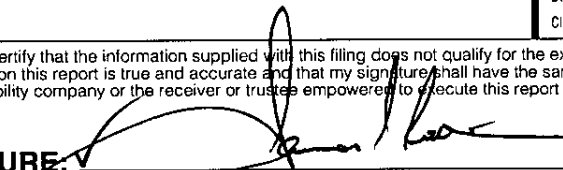
SIGNATURE  DATE 4/9/04

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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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  DATE 04/09/04 Daytime Phone # 305 933 2859

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