

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90191 009 ****55.00

20009744



02012005 Chg-LLC CR2E083 (10/03)

4. FEI Number **41-2117559** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L04000000295

1. Entity Name
SCRUB-A-DUB-DUB LLC



Principal Place of Business
**705 SE 8TH ST.
SUITE D
OCALA, FL 34471**

Mailing Address
**705 SE 8TH ST.
SUITE D
OCALA, FL 34471**

2. Principal Place of Business
705 S.E. 8TH ST

Suite, Apt. #, etc.
Suite D

3. Mailing Address
P.O. Box 831061

Suite, Apt. #, etc.

City & State
OCALA, FL 34471

City & State
OCALA, FL.

Zip
34471

Country
marion

Zip
34483

Country
marion

6. Name and Address of Current Registered Agent

**KAPPEL, PATRICIA M
705 SE 8TH ST
SUITE D
OCALA, FL 34471**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

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

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|---------------------------------|---------------------------------|---|--|
| TITLE owner - manager | <input type="checkbox"/> Delete | TITLE owner - manager | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | NAME PATRICIA M. KAPPEL | |
| STREET ADDRESS | | STREET ADDRESS 705 SE. 8TH ST Suite D | |
| CITY-ST-ZIP | | CITY-ST-ZIP OCALA, FL. 34471 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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: Patricia M. Kappel **Feb-10-05**

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