

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000023910

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** SOUTHERN SHINE MOBILE DETAILING, L.L.C.

**Current Principal Place of Business:**

1583 MAJESTIC VIEW LN.  
FLEMING ISLAND, FL 32003

**New Principal Place of Business:**

**Current Mailing Address:**

1583 MAJESTIC VIEW LN.  
FLEMING ISLAND, FL 32003

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BATES, CHRISTOPHER  
1583 MAJESTIC VIEW LN  
FLEMING ISLAND, FL 32003 US

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

BATES, CHRISTOPHER F  
1583 MAJESTIC VIEW LN  
FLEMING ISLAND, FL 32003 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: CHRISTOPHER BATES

04/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BATES, CHRISTOPHER F  
Address: 1583 MAJESTIC VIEW LANE  
City-St-Zip: FLEMING ISLAND, FL 32003

I hereby 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: CHRISTOPHER BATES

MGR

04/23/2012

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