

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90144 022 ****50.00

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1. Entity Name

FRANKEL CAR WASH, LLC

Principal Place of Business

200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477

Mailing Address

200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477

2. Principal Place of Business

3801 PGA BLVD.
SUITE 107

3. Mailing Address

3801 PGA BLVD.
SUITE 107



1st MOORE

CR2E083 (10/05)

City & State

PALM BEACH GARDENS, FL
Zip 33410 Country USA

City & State

PALM BEACH GARDENS, FL
Zip 33410 Country USA

4. FEI Number

20-1232769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEFKOWITZ HYMAN, SHERRY ESQ.
200 ADMIRALS COVE BLVD.
SUITE 417
JUPITER FL 33477

7. Name and Address of New Registered Agent

Name
(SAME)

Street Address (P.O. Box Number is Not Acceptable)

3801 PGA BLVD. - SUITE 107

City

PALM BEACH GARDENS

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-2-06

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME FRANKEL, THOMAS
STREET ADDRESS 200 ADMIRALS COVE BLVD, #417
CITY-ST-ZIP JUPITER FL 33477

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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:

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

Date

Daytime Phone #

2-2-06 561-744-1033