2007 LIMITED LIABILITY COMPANY

DO NOT WRITE IN THIS SPACE

FILED Jan 09, 2007 08:00 AN **Secretary of State**

ANNUAL REPORT	
DOCUMENT #1 04000057418	Ī

1. Entity Name

STRAIGHT STREAM WASHING, LLC



Principal Place of Business

Mailing Address

653 SMITH RD.

INLE

NAME STREET ADDRESS CITY - ST - ZIP THILE

DEFUNIAK SPGS, FL 32433 US

653 SMITH RD.

DEFUNIAK SPGS, FL 32433 US



01042007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 34-2008079

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REYNOLDS, KENNETH WIII 653 SMITH RD. DEFUNIAK SPGS, FL 32433

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The above named entity submits this statement for the purpose of cha the obligations of registered agent.	anging its registered office or registered agent, or bol	h, in the State of Florida. I am familiar with, and accept
SIGNATURE	(NOTE Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		U00000579952 01/10/07-80027-022 50.00

9.	MANAGING MEMBERS/MANAGERS
title.	MGR
NAME	REYNOLDS, KENNETH W III
STREET ADDRESS	653 SMITH RD.
CITY-SI-ZIP	DEFUNIAK SPGS, FL 32433
TITLE	
NAME	
STREET ADDRESS	
COV-ST-7IP	

STREET ADDRESS DO NOT WRITE CHY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTACIVI