


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 05, 2006 08:00 A
Secretary of State

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| DOCUMENT # L04000073235 1. Entity Name ULTRA POLISH-HAND CAR WASH AND DETAIL MOBILE CENTER, LLC |  |
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|---|---|
| Principal Place of Business 12013 LARSEN LN PARRISH, FL 34219 | Mailing Address 12013 LARSEN LN PARRISH, FL 34219 |
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04102006 No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 26-0098147 | Applied For Not Applicable |
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|--|--|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |
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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent YEPES, JAIRO 2404-49TH AVENUE EAST BRADENTON, FL 34203 | DO NOT WRITE IN THIS SPACE |
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$50.00
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR YEPES, JAIRO 2404-49TH AVENUE EAST BRADENTON, FL 34203 |
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05/20/06-80037-023 55.00

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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 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, OR AUTHORIZED REPRESENTATIVE Date: _____ Daytime Phone #: _____