

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 06, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000079859**

1. Entity Name  
**THE WASH HOUSE LLC**



Principal Place of Business

**25 N SCENIC HWY  
FROSTPROOF, FL 33843 US**

Mailing Address

**500 NORTH SCENIC HIGHWAY  
FROSTPROOF, FL 33843 US**



01202006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1882838**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCARBOROUGH, BEVERLY A  
500 NORTH SCENIC HIGHWAY  
FROSTPROOF, FL 33843**

**DO NOT WRITE  
IN THIS SPACE**

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)

DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SCARBOROUGH, BEVERLY A  
500 N SCENIC HWY  
FROSTPROOF, FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
SCARBOROUGH, JAMES B  
500 N SCENIC HWY  
FROSTPROOF, FL 33843**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000423496  
02/18/06-80012-003 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:** *Beverly A Scarborough*

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

Date

Daytime Phone #

*2-4-6*

*863 635 4434*