

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90018 001 \*\*\*\*50.00

DOCUMENT # L04000081263

1. Entity Name

CLEAN IMAGE WASH, LLC



Principal Place of Business

14600 SAN PABLO DRIVE, NORTH  
JACKSONVILLE FL 32224  
US

Mailing Address

14600 SAN PABLO DRIVE, NORTH  
JACKSONVILLE FL 32224  
US



2. Principal Place of Business

Suite, Apt. #, etc.

11641 Beach Blvd

City & State

Jacksonville FL

Zip

32299

Country

Dural

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Same as above

1st MOORE

CR2E083 (10/04)

4. FEI Number

34-2024 521

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LUDWIG & BUNN  
5150 BELFORT ROAD, SOUTH  
BUILDING 500  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name

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

City

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)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME VAN DE KAMP, ERIK  
STREET ADDRESS 14600 SAN PABLO DRIVE, NORTH  
CITY-ST-ZIP JACKSONVILLE FL 32224

TITLE MGRM ☐ Delete  
NAME VAN DE KAMP, OLIVER  
STREET ADDRESS 2076 CORONA COURT  
CITY-ST-ZIP JACKSONVILLE FL 32224

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  
NAME  
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 exemption stated in Section 119.07(3)(i), 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

Erik Van de Kamp 4-9-05

Date

Daytime Phone #

904 223-6705