

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 23, 2005 8:00 am
Secretary of State

03-23-2005 90243 043 ****50.00

DOCUMENT # L04000082953

1. Entity Name

EASY CARE CARE WASH NORTH, LLC



Principal Place of Business

7320 EAST FLETCHER AVE., SUITE 109
TAMPA FL 33637-0916

Mailing Address

7320 EAST FLETCHER AVE., SUITE 109
TAMPA FL 33637-0916

20024258



1st MOORE

CR2E083 (10/04)

2. Principal Place of Business

8402 Laurel Fair Cir
Suite 205
Tampa FL 33610

3. Mailing Address

8402 Laurel Fair Cir
Suite 205
Tampa FL 33610

4. FEI Number

20-1848742

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TOOLE, DANA G
2057 DELTA WAY
TALLAHASSEE FL 32303

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 FERREIRA, RANDY X
STREET ADDRESS 7320 EAST FLETCHER AVE., SUITE 109
CITY-ST-ZIP TAMPA FL 33637-0916

TITLE MGRM ☐ Delete
NAME RAIRIGH, RAYMOND L
STREET ADDRESS 7320 EAST FLETCHER AVE., SUITE 109
CITY-ST-ZIP TAMPA FL 33637-0916

TITLE MGRM ☐ Delete
NAME PACKER INVESTMENTS, LLC
STREET ADDRESS 11706 NORTH ARMENIA AVE.
CITY-ST-ZIP TAMPA FL 33612

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 8402 Laurel Fair Cir Ste 205
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8402 Laurel Fair Cir Ste 205
CITY-ST-ZIP Tampa FL 33610

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 8402 Laurel Fair Cir Ste 205
CITY-ST-ZIP Tampa FL 33610

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

Date

Daytime Phone #