2006 LIMITED LIABILITY COMPANY

SIGNATURE:

SIGNATURE AND TYPED OR PRINT

Apr 19, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT #L04000082953 04-19-2006 90022 015 ****55.00 1. Entity Name EASÝ CARE CARE WASH NORTH, LLC Principal Place of Business Mailing Address 8402 LAUREL FAIR CIR 8402 LAUREL FAIR CIR STE 205 STE 205 TAMPA, FL 33610 TAMPA, FL 33610 2. Principal Place of Business 3. Mailing Address 9260 Bau Aza Blud Suite, Apt. #, etc. 03312006 Chg-LLC CR2E083 (11/05) 501 501 Applied For City & State 4. FEI Number TAM Not Applicable 20-1848742 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOOLE, DANA G O. Box Number is Not Acceptable) 2057 DELTA WAY TALLAHASSEE, FL 32303 101-102 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. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Florida Department of State Due by May 1, 2006 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. Change ☐ Addition MGRM -TITLE TITLE ☐ Delete STREET ADDRESS 9260 Boy Plaza Blvd #50/ CITY-ST-ZIP TAMPS F1 33619 TITLE NAME FERREIRA, RANDY X NAME 8402 LAUREL FAIR CIR STE 205 STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33610 ☐-Change Addition **MGRM** ☐ Delete TITLE 9260 Bey Plaza BVd #501 TAMPA FI 33619 RAIRIGH, RAYMOND L NAME NAME STREET ADDRESS STREET ADDRESS 8402 LAUREL FAIR CIR STE 205 TAMPA, FL 33610 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE MGRM Delete TITLE PACKER INVESTMENTS, LLC NAME NAME 9260 Bay Plaza Blvd #501 TAMPA A 33619 STREET ADDRESS 8402 LAUREL FAIR CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33610 Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 of trusteet impowered to execute this report as required by Chapter 608, Florida Statutes.

NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED