2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000082953

1. Entity Name

EASY CARE CARE WASH NORTH, LLC

FILED
Jan 24, 2007 08:00 AN
Secretary of State

Principal Place of Business

9260 BAY PLAZA BLVD

SUITE 501

TAMPA, FL 33619

Mailing Address

9260 BAY PLAZA BLVD

SUITE 501

TAMPA, FL 33619



01042007 No Chg-LLC

CR2E083 (11/05)

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 2065 THOMASVILLE RD 1ST FLOOR 101-102 TALLAHASSEE, FL 32308

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₿.	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)

247

Filing Fee is \$50.00 Due by May 1, 2007

TITLE MGRM NAME FERREIRA, RANDY X
STREET ADDRESS 9260 BAY PLAZA BLVD SUITE 501 CITY-ST-ZIP TAMPA, FL 33619
TITLE MGRM NAME RAIRIGH, RAYMOND L STREET ADDRESS 9260 BAY PLAZA BLVD SUITE 501 CITY-ST-ZIP TAMPA, FL 33619
TITLE MGRM NAME PACKER INVESTMENTS, LLC STREET ADDRESS 9260 BAY PLAZA BLVD SUITE 501 CITY-ST-ZIP TAMPA, FL 33619
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
NTLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not grafify for the

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11. I hereby certify that the information supplied with this filling does not craffly 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 manager of 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 #