

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90185 013 ****50.00

DOCUMENT # L04000083003 1. Entity Name COLONIAL CAR WASH, LLC					
Principal Place of Business 10054 KAJESTIC AVE. FT. MEYERS, FL 33913			Mailing Address 10054 KAJESTIC AVE. FT. MEYERS, FL 33913		
2. Principal Place of Business 10054 MAJESTIC AVE.		3. Mailing Address 10054 MAJESTIC AVE.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		Zip 	
Country 		Country 			
4. FEI Number 56-2490262			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent W & P SERVICES, INC. 1936 LEE ROAD, SUITE 101 WINTER PARK, FL 32789			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 resigning)					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BROWN, DOUGLAS S 10054 KAJESTIC AVE. FT. MEYERS, FL 33913	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BROWN, MICHELLE 10054 KAJESTIC AVE. FT. MEYERS, FL 33913	☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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					
1/11/05 (239) 561-5190 Date Daytime Phone #					