

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000016181

FILED
Jun 15, 2009
Secretary of State

Entity Name: PERFECT IMAGE AUTO DETAILING, LLC

Current Principal Place of Business:

506 1ST S.
IMMOKALEE, FL 34142 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2814
IMMOKALEE, FL 34143 US

New Mailing Address:

FEI Number: 32-0140285 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HOWARD, REGINALD
1202 MIMOSA AVE
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HOWARD, REGINALD
Address: PO BOX 2814
City-St-Zip: IMMOKALEE, FL 34143 US

Title: MGRM () Delete
Name: HOWARD, SHARON
Address: PO BOX 2814
City-St-Zip: IMMOKALEE, FL 34143 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HOWARD, REGINALD
Address: PO BOX 2814
City-St-Zip: IMMOKALEE, FL 34143 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: REGINALD HOWARD

MGRM

06/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date