

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000016181

**FILED**  
**Oct 05, 2012**  
**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 ( )**

**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: REGINALD HOWARD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOWARD, REGINALD  
Address: PO BOX 2814  
City-St-Zip: IMMOKALEE, FL 34143 US

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

I hereby 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

MR

10/05/2012

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