

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90295 010 ****50.00

DOCUMENT # L05000023242

1. Entity Name
SCRUBZ CAR WASH, LLC



Principal Place of Business
**10857 LEM TURNER RD
JACKSONVILLE, FL 32218 US**

Mailing Address
**PO BOX 77338
JACKSONVILLE, FL 32226 US**

2. Principal Place of Business
**10865 LEM TURNER RD
Suite, Apt. #, etc.
JACKSONVILLE, FL.**

3. Mailing Address
**10865 LEM TURNER RD
Suite, Apt. #, etc.
JACKSONVILLE, FL.**



01132006 Chg-LLC CR2E083 (11/05)

City & State
32218 USA

City & State
32218 USA

4. FEI Number
65-1233828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**RONALD, PRINGLE S
5639 ADA JOHNSON RD
JACKSONVILLE, FL 32218**

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 or printed name of registered agent and title if applicable.

RONALD S. PRINGLE

(NOTE: Registered Agent signature required when reinstating)

3-8-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RONALD, PRINGLE S
5639 ADA JOHNSON
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GREENE, ALPHONSO
902 CHALMET LANE
JACKSONVILLE, FL 32218** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 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

RONALD S. PRINGLE

Date

Daytime Phone #

3-8-06