


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000023242</b> 1. Entity Name SCRUBZ CAR WASH, LLC	
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Principal Place of Business 10865 LEM TURNER RD JACKSONVILLE, FL 32218 US	Mailing Address 10865 LEM TURNER RD JACKSONVILLE, FL 32218 US
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01102007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-1233828	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  RONALD, PRINGLE S 5639 ADA JOHNSON RD. JACKSONVILLE, FL 32218
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**DO NOT WRITE  
IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RONALD, PRINGLE S 5639 ADA JOHNSON JACKSONVILLE, FL 32218
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GREENE, ALPHONSO 902 CHALMET LANE JACKSONVILLE, FL 32218
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02/02/07-80067-023 50.00

**DO NOT WRITE  
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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: ALPHONSO GREENE Alphonso Greene 012907 (904) 764-5606  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #