
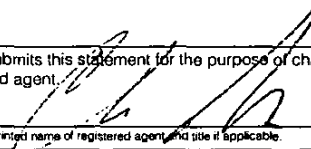
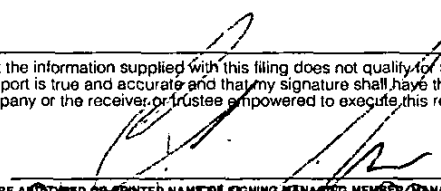


# 2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 11:34

<b>DOCUMENT # L05000082456</b> 1. Entity Name WE SHOW UP AUTO DETAILING, L.L.C.					
Principal Place of Business 1670 S.E. 23RD STREET HOMESTEAD, FL 33035			Mailing Address P.O. BOX 343573 FLORIDA CITY, FL 33034		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		06232006 Chg-LLC CR2E083 (11/05)	
Zip		Country		4. FEI Number 20-3339877	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  MARKS, CHRISTOPHER S 1670 S.E. 23RD STREET HOMESTEAD, FL 33035				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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  (NOTE: Registered Agent signature required when reinstating) DATE					
Amended AR is \$50.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARKS, CHRISTOPHER S P.O. BOX 343573 FLORIDA CITY, FL 33034	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KOPER, THEODORE P.O. BOX 343573 FLORIDA CITY, FL 33034	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISA MARKS P.O. BOX 343573 FLORIDA CITY, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISA MARKS P.O. BOX 343573 FLORIDA CITY, FL 33034	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISA MARKS P.O. BOX 343573 FLORIDA CITY, FL 33034	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LISA MARKS P.O. BOX 343573 FLORIDA CITY, FL 33034	<input type="checkbox"/> Change <input type="checkbox"/> 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:  DATE: 305.5224735					