

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90483 027 ****55.00

DOCUMENT # L05000104905

1. Entity Name

DOUGLAS HYDORN'S MOBILE DETAILING, LLC



Principal Place of Business

9530 BRACKIN STREET
ORLANDO FL 32825

Change of
Address
↓

Mailing Address

9530 BRACKIN STREET
ORLANDO FL 32825

2. Principal Place of Business - No P.O. Box #

10861 Spider Lily Dr.

3. Mailing Address

10861 Spider Lily Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando FL

City & State

Orlando FL

4. FEI Number

20-4037966

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HYDORN, DOUGLAS
9530 BRACKIN STREET
ORLANDO FL 32825

7. Name and Address of New Registered Agent

Name Douglas Hydorn

Street Address (P.O. Box Number is Not Acceptable)

10861 spider Lily Dr.

City Orlando FL

FL

Zip Code 32832

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 of registered agent or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME HYDORN, DOUGLAS
STREET ADDRESS 9530 BRACKIN STREET
CITY-ST-ZIP ORLANDO FL 32825
change of address

☒ Delete

10. ADDITIONS/CHANGES

TITLE MGR
NAME HYDORN, DOUGLAS
STREET ADDRESS 10861 Spider Lily Dr
CITY-ST-ZIP Orlando FL 32832

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Section 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

3/1/7

(407) 497-8013

Date

Daytime Phone #