

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90023 014 ****50.00

DOCUMENT # L05000118693

1. Entity Name
VISION CAR WASH AND DETAIL LLC .



Principal Place of Business
10642 OLD HAMMOCK WAY
WELLINGTON, FL 33414 US

Mailing Address
10642 OLD HAMMOCK WAY
WELLINGTON, FL 33414 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3849753

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEL ROSARIO, MARIA
10642 OLD HAMMOCK WAY
WELLINGTON, FL 33414

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

Maria DelRosario

(NOTE: Registered Agent signature required when reinstating)

4/18/06

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** Delete
 NAME **DEL ROSARIO, MARIA**
 STREET ADDRESS **10642 OLD HAMMOCK WAY**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Maria DelRosario

MARIA DelRosario 4/18/06

(561)

798-3347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #