

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122290

Entity Name: FLORIDA WASH O MATIC LLC

FILED
May 03, 2009
Secretary of State

Current Principal Place of Business:

531 NORTH OCEAN BLVD
201
POMPANO BEACH, FL 33062

Current Mailing Address:

531 NORTH OCEAN BLVD
201
POMPANO BEACH, FL 33062

New Principal Place of Business:

531 NORTH OCEAN BLVD
201
POMPANO BEACH, FL 33062 US

New Mailing Address:

531 NORTH OCEAN BLVD
201
POMPANO BEACH, FL 33062 US

FEI Number: 86-1163106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CLOBES, BARBARA J
610 S.E. 4TH AVE
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SAWHNEY, BILL P
Address: 531 NORTH OCEAN BLVD , 201
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: MGR () Delete
Name: CLOBES, BARBARA J
Address: 610 SE 4TH AVE
City-St-Zip: POMPANO BEACH, FL 33060 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BARBARA J. CLOBES

MGR

05/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date