



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90142 046 \*\*\*\*50.00

<b>DOCUMENT # L06000077386</b> 1. Entity Name <b>CRYSTAL CAR WASH, LLC</b>					
Principal Place of Business <b>105 WILLET WAY</b> <b>DAYTONA BEACH, FL 32119 US</b>			Mailing Address <b>105 WILLET WAY</b> <b>DAYTONA BEACH, FL 32119 US</b>		
2. Principal Place of Business - No P.O. Box # <b>60 Coquina Ridge Way</b>		3. Mailing Address <b>60 Coquina Ridge Way</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		01082007    Chg-LLC    CR2E083 (12/06)	
City & State <b>ORMOND BEACH FL</b>		City & State <b>ORMOND BEACH FL</b>		4. FEI Number 	
Zip <b>32174</b>		Country <b>USA</b>		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>LEONARD, DARRYL B</b> <b>105 WILLET WAY</b> <b>DAYTONA BEACH, FL 32119</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>60 Coquina Ridge Way</b> City <b>ORMOND BEACH FL</b> Zip Code <b>32174</b>		
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 <u><i>Darryl B. Leonard</i></u> <b>DARRYL B. LEONARD</b> DATE <u>2/5/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM <b>LEONARD, DARRYL B</b> <b>105 WILLET WAY</b> <b>DAYTONA BEACH, FL 32119</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>60 Coquina Ridge Way</b> <b>ORMOND BEACH FL 32174</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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.					
<b>SIGNATURE:</b> <u><i>Darryl B. Leonard</i></u> <b>DARRYL B. LEONARD</b> DATE <u>2/5/07</u> 386/235-7724 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    /Date    Daytime Phone #</small>					