

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/12/2007-90486-020-\$50.00-\$50.00

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000117619			
1. Entity Name CAR WASH MANAGEMENT, LLC			
Principal Place of Business 2900 W FIRST STREET SANFORD, FL 32771		Mailing Address 2900 W FIRST STREET SANFORD, FL 32771	
2. Principal Place of Business - No P.O. Box # 7710 S.R. 544 E.		3. Mailing Address 7710 S.R. 544 E.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Winter Haven FL		City & State Winter Haven FL	
Zip 33881	Country U.S.	Zip 33881	Country U.S.
4. FEI Number 45-0547620		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ Additional Fee Required		5. Certificate of Status Desired ☐ Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEN, THOMAS R 108 E. HILLCREST STREET ORLANDO, FL 32801		7. Name and Address of New Registered Agent Shelly Phillips Street Address (P.O. Box Number is Not Acceptable) 7710 S.R. 544 E. City Winter Haven FL Zip Code 33881	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		MANAGING member Shelly Phillips 1501 W. Commerce Ave. Lot #63 Hines City FL 33844	
		MANAGING member Lucinda Sanders 1519 Shady Cove Rd West Haines City FL 33844	
		MANAGING member Tammie McNew 191 ESCAM BIA LANE #501 Cocoa Beach FL 32731	
		MANAGING member Terry McNew 191 ESCAM BIA LANE #501 Cocoa Beach FL 32731	
			☐ Change ☐ Addition
REINSTATEMENT			
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: Shelly Phillips		Date: 3/5/07 321-228-9561	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	