

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000117619

1. Entity Name
CAR WASH MANAGEMENT, LLC



Principal Place of Business
7710 STATE ROAD 544E
WINTER HAVEN, FL 33881

Mailing Address
7710 STATE ROAD 544E
WINTER HAVEN, FL 33881



01192008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
45-0547620

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PHILLIPS, SHELLY M
7710 STATE ROAD 544E
WINTER HAVEN, FL 33881

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
PHILLIPS, SHELLY
1501 W. COMMERCE AVE LOT #63
HINES CITY, FL 33844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SANDERS, LUCINDA
1319 SHADY COVE ROAD WEST
HIANES CITY, 33 844

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCNEW, TAMMIE
191 ESCAMBIA LANE \$501
COCOA BEACH, FL 32731

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MCNEW, TERRY
192 ESCAMBIA LANE #501
COCOAN BEACH, FL 32781

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

1/18/08 863-422-8833