

**LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90194 003 ****50.00

DOCUMENT # LOW000122195

1. Entity Name

Mitchell Auto Detailing & Pressure Cleaning Serv.



DO NOT WRITE IN THIS SPACE

✓ **60050948**

2. Principal Place of Business

Madison FL

3. Mailing Address

Madison FL

Suite, Apt. #, etc.

3398 S.W. S.R. 14

Suite, Apt. #, etc.

3398 S.W. S.R. 14

City & State

Madison FL

City & State

Madison FL

4. FEI Number

Applied For

Not Applicable

Zip

32340

Country

AA

Zip

32340

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CR2E083B (8/05)

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

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

Michael C. Mitchell

Signature, typed or printed name of registered agent and title if applicable.

5-01-07

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME

mgr Michael C. Mitchell

STREET ADDRESS
CITY-ST-ZIP

3398 S.W. S.R. 14
Madison FL 32340

TITLE
NAME

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Michael C. Mitchell

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

Date

Daytime Phone #