

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007783

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** D'MASTER AUTO DETAIL, LLC

**Current Principal Place of Business:**

3509 FOREST RIDGE LANE  
KISSIMMEE, FL 34743 US

**New Principal Place of Business:**

3509 FOREST RIDGE LANE  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

3509 FOREST RIDGE LANE  
KISSIMMEE, FL 34743 US

**New Mailing Address:**

3509 FOREST RIDGE LANE  
KISSIMMEE, FL 34741 US

**FEI Number:** 20-8274086

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PADILLA, DIMAS O  
3509 FOREST RIDGE LANE  
ORLANDO, FL 34743 US

**Name and Address of New Registered Agent:**

PADILLA, DIMAS O  
3509 FOREST RIDGE LANE  
ORLANDO, FL 34741 US

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:** DIMAS O. PADILLA

04/10/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** PADILLA, DIMAS O  
**Address:** 3509 FOREST RIDGE LANE  
**City-St-Zip:** KISSIMMEE, FL 34743 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** PADILLA, DIMAS O  
**Address:** 3509 FOREST RIDGE LANE  
**City-St-Zip:** KISSIMMEE, FL 34741 US

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:** DIMAS O. PADILLA

MGR

04/10/2008

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