


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2008 8:00 am
Secretary of State

05-05-2008 90037 041 ***138.75

DOCUMENT # L07000008935

1. Entity Name
ABC MOBILE DETAILING, LLC



Principal Place of Business Mailing Address
5137 LEXINGTON AVE **5137 LEXINGTON AVE**
JACKSONVILLE, FL 32210 **JACKSONVILLE, FL 32210**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
5137 Lexington Ave **5137 Lexington Ave**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Jacksonville, FL **Jacksonville, FL**
 Zip Country Zip Country
32210 **Duval** **32210** **Duval**

05012008 Chg-LLC CR2E083 (12/08)

4. FEI Number Applied For
208294817 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FORDHAM, SCOTT B
1241 S MCDUFF AVE
JACKSONVILLE, FL 32205

7. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HOBLIT, ALEX E 5137 LEXINGTON AVE JACKSONVILLE, FL 32210 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Alex Hoblit* Date: 5-1-08 Daytime Phone #: 904 237-0387

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