

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000025368

Entity Name: BANNERMAN CARWASH LLC

FILED
Jul 15, 2009
Secretary of State

Current Principal Place of Business:

1435 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

New Principal Place of Business:

10097 BULL HEADLY RD
TALLAHASSEE, FL 32312

Current Mailing Address:

1435 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308

New Mailing Address:

10097 BULL HEADLY RD
TALLAHASSEE, FL 32312

FEI Number: 20-8617710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLIOTT, LARRY
1435 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

HICKS, RON
10097 BULL HEADLY RD
TALLAHASSEE, FL 32312 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: RON HICKS

07/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HARVEY, MICKEY
Address: 1435 PIEDMONT DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM (X) Delete
Name: HICKS, RON
Address: 1435 PIEDMONT DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HICKS, RON
Address: 10097 BULL HEADLY RD
City-St-Zip: TALLAHASSEE, FL 32312

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RON HICKS

MGR

07/15/2009

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