

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064395

**FILED**  
**Apr 19, 2012**  
**Secretary of State**

**Entity Name:** A "SPIT SHINE CLEAN" LLC

**Current Principal Place of Business:**

10940 HWY 90 W  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

**Current Mailing Address:**

10940 HWY 90 W  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

**FEI Number:** 64-0965492

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COMBS, NANCY A MRS  
10940 HWY 90 W  
DEFUNIAK SPRINGS, FL 32433 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** COMBS, NANCY  
**Address:** 10940 HWY 90 W  
**City-St-Zip:** DEFUNIAK SPRINGS, FL 32433

**Title:** MGR  
**Name:** FARNHAM, DOROTHY  
**Address:** 425 JOHNSON AVE APT 1  
**City-St-Zip:** CAPE CANAVERAL, FL 32920

I hereby 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:** NANCY A. COMBS

OWNE

04/19/2012

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