2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104204

Entity Name: MOBILWASH LLC

Apr 11, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1143 S.W. ITHACA ST.

PORT ST. LUCIE, FL 34983 US

Current Mailing Address: New Mailing Address:

1143 S.W. ITHACA ST.

PORT ST. LUCIE, FL 34983 US

FEI Number: 26-2048177 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HULBERT, DANIEL L 1143 S.W. ITHACA ST.

PORT ST. LUCIE, FL 34983 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:

Electronic Signature of Registered Agent Date

City-St-Zip:

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

HULBERT, DANIEL L Name: Name: 1143 S.W. ITHACA ST. Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34983 US

Title: MGRM () Delete Title: () Change () Addition

Name: HULBERT, TRACY L Name: Address: 1143 S.W. ITHACA ST. Address: City-St-Zip: PORT ST. LUCIE, FL 34983 US City-St-Zip:

Title: MGR () Delete Title: MGR (X) Change () Addition

GHAFFARI, ALI H GHAFFARI, ALI H Name: Name: Address: 891 N HOMSY AVE Address: 8700 CHAPEL RD. City-St-Zip: CLOVIS, CA 93611 US City-St-Zip: MERIDIAN, MS 39305 US

Title: MGR () Delete Title: MGR (X) Change () Addition

Name: GHAFFARI, MARY Name: GHAFFARI, MARY Address: 891 N HOMSY AVE. Address: 8700 CHAPEL RD. City-St-Zip: CLOVIS, CA 93611 US City-St-Zip: MERIDIAN, MS 39305 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: DANIEL LHULB **MGRM** 04/11/2009