

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90105 013 ***138.75

DOCUMENT # L07000107643

1. Entity Name
CURTIS CAR WASH UNITED, LLC



Principal Place of Business
**7450 NW 53RD LANE
CHIEFLAND, FL 32626**

Mailing Address
**7450 NW 53RD LANE
CHIEFLAND, FL 32626**

00000114



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04082008

Chg-LLC

CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CURTIS, ROGER A
7450 NW 53RD LANE
CHIEFLAND, FL 32626**

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

Signature, typed or printed name of registered agent and title if applicable.

(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

TITLE **MGRM** ☐ Delete
NAME **CURTIS, ROGER A**
STREET ADDRESS **7450 NW 53RD LANE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **MGRM** ☐ Delete
NAME **CURTIS, CYNTHIA M**
STREET ADDRESS **7450 53RD LANE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **MGRM** ☐ Delete
NAME **CURTIS, FREDRICK L**
STREET ADDRESS **7251 NW 53RD LANE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE **MGRM** ☐ Delete
NAME **BEAU, PHILIPPE**
STREET ADDRESS **2708 ALT 19 N SUITE 507-6**
CITY-ST-ZIP **PALM HARBOR, FL 34683**

TITLE **MGR** ☐ Delete
NAME **KELLEY, DEBORAH**
STREET ADDRESS **7450 NW 53RD LANE**
CITY-ST-ZIP **CHIEFLAND, FL 32626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITION: /CHANGES

☐ Change: ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change: ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change: ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #