

**2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Oct 26, 2012  
Secretary of State**

DOCUMENT# L10000113916

Entity Name: SOUTH DIXIE CAR WASH, LLC

**Current Principal Place of Business:**

3400 SOUTH DIXIE HIGHWAY  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

2000 SOUTH DIXIE HIGHWAY  
SUITE 111  
MIAMI, FL 33133 US

**New Mailing Address:**

FEI Number: 33-1219734      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD., STE. 1500 (R1S)  
MIAMI, FL 33131 US

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

SUNRISE GROVE MANAGEMENT (RA)  
2000 SOUTH DIXIE HIGHWAY  
111  
MIAMI, FL 33133 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: JOSE R. PITA      10/26/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PITA, JOSE R  
Address: 2000 SOUTH DIXIE HIGHWAY, SUITE 111  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR  
Name: MACEDO DE PITA, OLGA E  
Address: 2000 SOUTH DIXIE HIGHWAY, SUITE 111  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR  
Name: CIRERA, LETICIA B  
Address: 2000 SOUTH DIXIE HIGHWAY, SUITE 111  
City-St-Zip: MIAMI, FL 33133 US

Title: MGR  
Name: LEIVA, ALEXIS  
Address: 2000 SOUTH DIXIE HIGHWAY, SUITE 111  
City-St-Zip: MIAMI, FL 33133 US

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: JOSE R. PITA      MGR      10/26/2012  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date