

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000001195

1. Entity Name
SPARKLE CAR WASHES, LLC



Principal Place of Business
**575 2ND AVE. SOUTH
ST. PETERSBURG, FL 33701**

Mailing Address
**575 2ND AVE. SOUTH
ST. PETERSBURG, FL 33701**

DO NOT WRITE IN THIS SPACE



03092004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
59-3560598

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, STEPHENSON
220 34TH STREET NORTH
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2004**

UN00000095604
03/24/04-80040-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, STEPHENSON
STREET ADDRESS	864 3RD AVENUE SOUTH
CITY - ST - ZIP	TIERRA VERDE, FL 33715
TITLE	MGRM
NAME	ANDERSON, JOHN E JR.
STREET ADDRESS	202 PASS-A GRILLE WAY SOUTH
CITY - ST - ZIP	ST. PETERSBURG BEACH, FL 33607
TITLE	MGRM
NAME	DEAN, DAVID M
STREET ADDRESS	7211 FIRSCO LANE
CITY - ST - ZIP	SARASOTA, FL 34241
TITLE	MGRM
NAME	FOX, JAMES M JR.
STREET ADDRESS	4600 HAMLETS GROVE DRIVE
CITY - ST - ZIP	SARASOTA, FL 34235
TITLE	MGRM
NAME	GAINES, MARY ANN
STREET ADDRESS	8453 CYPRESS LAKE CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34243
TITLE	MGRM
NAME	SOUZA, MARK A
STREET ADDRESS	6844 SUPERIOR STREET CIRCLE
CITY - ST - ZIP	SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/22/04 (727) 997-9151