

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 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**



01032008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ANDERSON, STEPHENSON
STREET ADDRESS	4914 59TH AVENUE SOUTH
CITY-ST-ZIP	SAINT PETERSBURG, 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 FRISCO LN
CITY-ST-ZIP	SARASOTA, FL 34241
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
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000879464  
04/14/08-80056-007 138.75

**DO NOT WRITE  
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Stephenson Anderson* 3/27/08 727-897-9151