

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000056360

**Entity Name:** PERFECT SHINE AUTO MANAGEMENT, LLC

**Current Principal Place of Business:**

410 N.W. 1ST AVENUE  
C-1  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

PO BOX 11639  
FORT LAUDERDALE, FL 33339

**FEI Number:** 45-2253978

**Certificate of Status Desired:** No

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

MEACHAM, ROBERT C  
ONE FINANCIAL PLAZA  
2602  
FT. LAUDERDALE, FL 33394 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

**Authorized Person(s) Detail :**

Title MGR  
Name MEACHAM, BLAKE  
Address 410 N.W. 1ST AVENUE, C-1  
City-State-Zip: FORT LAUDERDALE FL 33301

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BLAKE MEACHAM

**MANAGER**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date