



Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503)986-2200
Fax: (503)378-4381
<https://sos.oregon.gov/business/>

2024 ANNUAL REPORT**Registry Number: 212771893****Date of Organization: 05/31/2023****Fee: \$100****Due Date: 05/31/2024****Type: DOMESTIC LIMITED LIABILITY COMPANY**

WEST COAST AUTO DETAIL 2 LLC
6997 VILLAGE PLACE NE
KEIZER OR 97303

FILED: JUN 24, 2024
OREGON SECRETARY OF STATE



212771893-26393189

WEST COAST AUTO DETAIL 2 LLC

RENANA

Name of Domestic Limited Liability Company

WEST COAST AUTO DETAIL 2 LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the entire form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

Registered Agent

WALTER ANTONIO QUINTANILLA
6997 VILLAGE PLACE NE
KEIZER OR 97303

If the Registered Agent has changed,
the new agent has consented to the appointment. Oregon
street address required.

1) Type of Business**2) Principal Place of Business (Address, city, state, zip)**

4755 71ST SE
SALEM OR 97317
*10921 NE SIMPSON ST
5157 Charleston Dr SE Salem, OR 97317*

3) Mailing Address (Address, city, state, zip)

6997 VILLAGE PLACE NE
KEIZER OR 97303

4) ☒ Member or ☐ Manager (Name & Address)

WALTER JOYA QUINTANILLA
6997 VILLAGE PLACE NE
KEIZER OR 97303

5) ☒ Member or ☐ Manager (Name & Address)

JUAN CARLOS DUARTE
1200 COUNTRY CLUB RD
#235
WOODBURN OR 97071

Execution:

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

6) Signature
7) Printed Name**8) Date**

6/24/2024

9) Phone Number

Make check payable to "Corporation Division" and mail to the address above.

Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.

ANRPF1-
06/24/24