

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2006 8:00 am
Secretary of State

08-02-2006 90048 048 ****50.00

DOCUMENT # L01000010920							
1. Entity Name WATER WORKS PRESSURE CLEANING SERVICE LLC							
Principal Place of Business 8302 BUTTERFIELD LANE BOCA RATON, FL 33433			Mailing Address 8302 BUTTERFIELD LANE BOCA RATON, FL 33433				
2. Principal Place of Business		3. Mailing Address					
Mr. Danny Gargiulo 22045 Ararat St. Boca Raton, FL 33428		Mr. Danny Gargiulo 22045 Ararat St. Boca Raton, FL 33428		07062006 Chg-LLC CR2E083 (11/05)			
4. FEI Number NOT APPLICABLE		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Applied For</td> <td style="width: 50%;">Not Applicable</td> </tr> </table>				Applied For	Not Applicable
Applied For	Not Applicable						
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent					
Zip Country US		Zip Country US		7. Name and Address of New Registered Agent			
GARGIULO, DANNY C 8302 BUTTERFIELD LANE BOCA RATON, FL 33433				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>							
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete GARGIULO, DANNY C 8302 BUTTERFIELD LANE BOCA RATON, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gargiulo, Danny C 22045 Ararat St Boca Raton, FL 33428			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:			7/24/06 561-674-2325				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>				