

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

03-27-2006 90046 011 ****50.00

DOCUMENT # L05000034982 1. Entity Name PURE PRESSURE SERVICES, LLC			
Principal Place of Business 543 EAST RIDGE CIR SOUTH BOYNTON BEACH, FL 33435		Mailing Address 543 EAST RIDGE CIR SOUTH BOYNTON BEACH, FL 33435	
2. Principal Place of Business 543 EAST RIDGE CIR S. Suite, Apt. #, etc.		3. Mailing Address 543 EAST RIDGE CIR S. Suite, Apt. #, etc.	
City & State BOYNTON BEACH, FL Zip 33435		City & State BOYNTON BEACH, FL Zip 33435	
Country PBC		Country PBC	
4. FEI Number 202724013		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HULSCHER, ASHTON 543 EAST RIDGE CIR SOUTH BOYNTON BEACH, FL 33435		7. Name and Address of New Registered Agent 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: <u></u> ASHTON HULSCHER, DIRECTOR <u>3/21/06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR ASHTON HULSCHER 543 E. RIDGE CIR S. BOYNTON BEACH, FL 33435	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u></u> ASHTON HULSCHER <u>3/21/06</u> SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			