

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90039 008 ****50.00

DOCUMENT # L05000030981

1. Entity Name

ALL AROUND WINDOW CLEANING LLC



Principal Place of Business

205 MIAMI AVE. W
APT. 19
VENICE FL 34285
US

Mailing Address

205 MIAMI AVE. W
APT. 19
VENICE FL 34285
US

2. Principal Place of Business

6661 Seminole Drive
Suite, Apt. #, etc.

3. Mailing Address

6661 Seminole Drive
Suite, Apt. #, etc.

City & State

Venice FL

City & State

Venice FL

4. FEI Number

810667664

Applied For

Not Applicable

Zip
34293

Country
USA

Zip
34293

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DENNIS PETERSEN
205 MIAMI AVE. W.
APT. 19
VENICE FL 34285

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

Dennis W. Petersen

Signature, typed or printed name of registered agent and title if applicable.

Dennis W. Petersen

(NOTE: Registered Agent signature required when reinstating)

2-18-06

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME PETERSEN, DENNIS JR.
STREET ADDRESS 205 MIAMI AVE. W. APT. 19
CITY-ST-ZIP VENICE FL 34285

TITLE MGR ☒ Delete
NAME NAMOLIK, NATHAN K
STREET ADDRESS 215 RUBENS DR. APT. G
CITY-ST-ZIP NOKOMIS FL 34275

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 6661 Seminole Drive
CITY-ST-ZIP Venice FL 34293

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Dennis W. Petersen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-18-06

Date

941-284-6009

Daytime Phone #