

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90116 002 ****50.00

DOCUMENT # L02000010626	
1. Entity Name BETTER PRESSURE CLEANERS, LLC	

Principal Place of Business 9218 HOLLOW PINE DRIVE BONITA SPRINGS FL 34135	Mailing Address 9218 HOLLOW PINE DRIVE BONITA SPRINGS FL 34135
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2. Principal Place of Business 3770 CRACKER WAY	3. Mailing Address 3770 CRACKER WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State BONITA SPRINGS, FL	City & State BONITA SPRINGS, FL
Zip 34134	Country Lee
Zip 34134	Country Lee



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI FL 33145	
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4. FEI Number 02-0597256	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 	DATE

FILE NOW!!! FEE IS \$50.00 -Make Check Payable to Florida Department of State Due By May 1, 2004	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HANLEY, EDMUND 9218 HOLLOW PINE DRIVE BONITA SPRINGS FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3770 CRACKER WAY BONITA SPRINGS, FL 34134 ☒ 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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	Date 4/15/04	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		