

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030119

1. Entity Name

A & S PRESSURE WASHING, LLC



Principal Place of Business

9240 EDGE MOUNT LN
BOCA RATON FL 33434

Mailing Address

9240 EDGE MOUNT LN
BOCA RATON FL 33434

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E083 (10/04)

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

4. FEI Number

41-2067725

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OREILLY, STEVE A
9240 EDMONT LN
BOCA RATON FL 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
O'REILLY, STEVE A
9240 EDMONT LN
BOCA RATON FL 33434

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
WILLIAMS, ATHONY V
323 NW 36TH AVE.
DEERFIELD BEACH FL 33442

☐ Delete

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STREET ADDRESS
CITY- ST- ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

Date

Daytime Phone #

4/26/05 561-883-334