


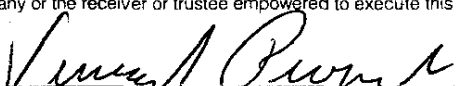
2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90152 035 ****50.00

DOCUMENT # L02000032350					
1. Entity Name V & D PRESSURE CLEANING, LLC					
Principal Place of Business 335 COTTAGE COURT MARCO ISLAND FL 34145			Mailing Address 335 COTTAGE COURT MARCO ISLAND FL 34145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent -CORPORATE CREATIONS NETWORK INC. 941 FOURTH STREET MIAMI BEACH FL 33139				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUOPOLO, VINCENT J 335 COTTAGE COURT MARCO ISLAND FL 34145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PUOPOLO, DONALD 335 COTTAGE COURT MARCO ISLAND FL 34145 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

AC-18-09
Date Daytime Phone #