


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AIR)

FILED
May 13, 2004 8:00 am
Secretary of State

04-29-2004 90074 029 *****50.00

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|---|---|---|---|---|--|
| DOCUMENT # L03000045313 1. Entity Name BROWN PRESSURE WASHING, LLC | | | |  | |
| Principal Place of Business 2362 WINDSTONE DR. PENSACOLA FL 32526 | | | Mailing Address 2362 WINDSTONE DR. PENSACOLA FL 32526 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 2362 Windstone Dr. Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Pensacola, FL Zip Country 32526 | | 4. FEI Number 470934481 Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | 6. Name and Address of Current Registered Agent BROWN, MELVIN C 2362 WINDSTONE DR. PENSACOLA FL 32526 | | | |
| 7. Name and Address of New Registered Agent Name Brown Pressure Washing LLC Street Address (P.O. Box Number is Not Acceptable) 2362 Windstone Dr. City Pensacola State FL Zip Code 32526 | | 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>Melvin C. Brown</u> DATE <u>4/26/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BROWN, MELVIN C 2362 WINDSTONE DR. PENSACOLA FL 32526 | <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 | MGRM BROWN, LINDA M 2362 WINDSTONE DR. PENSACOLA FL 32526 | <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 | _____ | <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: <u>Melvin C. Brown</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <u>4/26/04</u> Daytime Phone # <u>(850) 944-5482</u> Cell # <u>(850) 261-7738</u> | | |