


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

08-23-2004 90150 033 \*\*\*\*50.00

**DOCUMENT # L03000047448**  
 1. Entity Name  
**AAA THOROUGHCLEAN, LLC**



Principal Place of Business      Mailing Address  
 2117 PITTMAN DRIVE      2117 PITTMAN DRIVE  
 PANAMA CITY, FL 32405 US      PANAMA CITY, FL 32405 US

**24080645**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

08182004 Chg-LLC CR2E083 (10/03)

4. FEI Number **31-2526341**      Applied For   
 Not Applied

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
 LAYMON, RICHARD A  
 2117 PITTMAN DRIVE  
 PANAMA CITY, FL 32405

**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 \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

\_\_\_\_\_

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS / MANAGERS**

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LAYMON, RICHARD A	
STREET ADDRESS	2117 PITTMAN DRIVE	
CITY-ST-ZIP	PANAMA CITY, FL 32405	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**10. ADDITIONS / CHANGES**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:** *Richard A Laymon*