2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000048398

1. Entity Name

JAMÉS LEWIS PRESSURE WASHING, L.L.C.



FILED Apr 10, 2008 08:00 A Secretary of State

Principal Place of Business

TOTAL CONTROL OF BUSINESS

12155 STATE HIGHWAY 41 SOUTH GIBSONTON, FL 33534

Mailing Address

12155 STATE HIGHWAY 41 SOUTH GIBSONTON, FL 33534



04082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
02-0712386

S. Certificate of Status Desired

Applied For
Not Applicable

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ALFONSO, SUZETTE M ESQ. 309 WEST MARTIN LUTHER KING, JR. BLVD TAMPA, FL. 33603

DO NOT WRITE IN THIS SPACE

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 tamiliar 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 \$138.75 After May 1, 2008 Fee will be \$538.75

U00000888903 04/22/08-80031-008 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LEWIS, JAMES
STREET ADDRESS	12155 STATE HIGHWAY 41 SOUTH
CITY-ST-ZIP	GIBSONTON, FL 33534
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	•
TOTLE	
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CITY-ST-ZIP	
TOTLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby (certify that the information supplied with this filling does not qualify for the e

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Chapter 119. 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:

NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-8-08

Dayline Phone #