

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

4/1

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90068 012 \*\*\*\*50.00

**DOCUMENT # L03000052598**

1. Entity Name  
**BIG SHOT PRESSURE CLEANING LLC**



Principal Place of Business

Mailing Address

~~9845 CITADEL LANE~~ **27907 LANCE DR.** ~~SUITE 202~~  
**BONITA SPRINGS, FL 34135 US**

~~9845 CITADEL LANE~~ **27907 LANCE DR.** ~~SUITE 202~~  
**BONITA SPRINGS, FL 34135 US**

**30009532**



03102006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**45-0530288**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GARZA, JOYCE**  
**9845 CITADEL LANE**  
**SUITE 202**  
**BONITA SPRINGS, FL 34135**

**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 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

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. **MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**GARZA, JESUS**  
**9845 CITADEL LANE, SUITE 202**  
**BONITA SPRINGS, FL 34135**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM**  
**GARZA, JOYCE**  
**9845 CITADEL LANE, SUITE 202**  
**BONITA SPRINGS, FL 34135**

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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 606, Florida Statutes.

**SIGNATURE**

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

Date

Daytime Phone #