

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056999

1. Entity Name
AB-CO PRESSURE CLEANING LLC



Principal Place of Business
24444 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980

Mailing Address
24444 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980

FILED
Jul 09, 2008 08:00 AM
Secretary of State



07082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0526607

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MUNNO, SALVATORE J
24444 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980

**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 renouncing)

1100000953821

FILE NOW!!! FEE IS \$138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

07/09/08-80007-008 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MUNNO, SALVATORE J
24444 BUCKINGHAM WAY
PORT CHARLOTTE, FL 33980

TITLE
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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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 608, Florida Statutes.

SIGNATURE: *Salvatore J Munno* SALVATORE J. MUNNO

7/6/2008 9417438815

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

Date

Daytime Phone #