2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000006143

1. Entity Name

R J'S PRESSURE CLEANING LLC



Principal Place of Business

5811 SW 63RD ST OCALA, FL 34474

Mailing Address

5811 SW 63RD ST OCALA, FL 34474

US

FILED Apr 02, 2007 8:00 am Secretary of State

04-02-2007 90435 038 ****50.00



03222007 No Chg-LLC

CR2E083 (11/05)

 	 	
4. FEI Number	1	Applied For
20-0636238		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

WILSON, ROBERT J 5811 SW 63RD ST OCALA, FL 34474

Ś	٠	0	9	×	×	2		8	×	ò	О		٠	×				Ö.			٠	×	٠	8		0	8	×	×	Э	О	œ		×		٠	×		8		0
9	1	۰	٠	١.	1	×	м	٠		×	٠	8	v	1	ŀ		ø	×	٠	Ų.	•	ė	×		Ċ.	á		а		ź	ı	۳	٠	ď	Ħ	۰	٠	۰	1	m	×
8		ŀ.	8	н	r	r	8	1	ı	×		8	٩	v	8	ĕ	Γ.	ø,		ı	8	к	8	8		1	н	ž	è	r	ā	×	ø	ĸ.	ä	2	8	8	٠	ш	×
ŝ		L	:	ð	3	ě		s	ŗ.	٩	۰	3	4	ų	ı	×	٠	::	á	,		В	3		×	3	н	v.	В		ā	ŀ	٠	ć.	а	×	8			E	-
8	i.	5	S	3	٥	×	Ø.		8	8	9	3				8	8			88		7	8	0	8	Ů,	7			8		88	ě.	8		8	8		8		
3	8	8				X		8	8	8		8	٥	X		8	8	8	×			X		8	8	3		88	8	8	8	83	8	8			3				
١	٠		į.	8				۶		٠	×	×	'n	í.	8	ú	4	۰	7	×	×	Č	8	К	7		Ŀ	1	۰	ė		4	٠	3	2		٠			-	٠,
í		г	а	В	Ł	3	Ü		×,	-1	В	×	I	Ŀ		В		į.		u	S	0	Ġ	ď	×	'n	Ξ	1	Ž.	2	R	ŧ	٦	ď	ä		8		а	-	Ċ
X		8	L	ĸ	М	х	0	8		Я	ı	В	3			п	В	E	'n	ď	3	t	8	8	×		3	к	ũ.		3	۰	۰	à	٦		4	۲.	I	-2	23

the obligati	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
NAME SIREET ADDRESS CITY-ST-ZIP	MGRM WILSON, ROBERT J 5811 SW 63RD ST OCALA, FL 34474		
IITLE NAME SIREET ADDRESS CITY-SI-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DC	NOT WRITE
ITILE NAME STREET ABDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
NAME SIREET ADDRESS CITY-S1-ZIP			
[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

11. I nereby certify that the information supplied with this little does not qualify to the exemptors contained in Chapter 198, Profiled Statutes. I during coes not qualify to the exemptors contained in the property is 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: Walnut , William

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

82-277-290