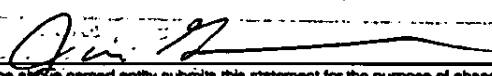
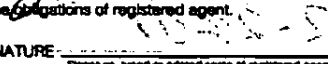
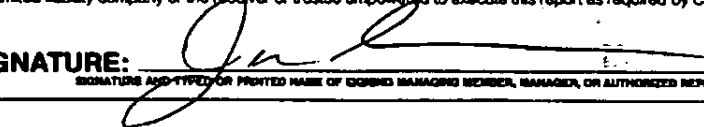


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-07-2005 90059 046 ****50.00

DOCUMENT # L04000011980					
1. Entity Name LEE COUNTY PRESSURE CLEANING LLC					
Principal Place of Business 17428 HOMEWOOD FORT MYERS, FL 33912			Mailing Address 17428 HOMEWOOD FORT MYERS, FL 33912		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 650513189	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GELARDI, JIM 17428 HOMEWOOD FORT MYERS, FL 33912 			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:  2-28-05					
Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM			TITLE	
NAME	GELARDI, JIM			NAME	
STREET ADDRESS	17428 HOMEWOOD			STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS, FL 33912			CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
TITLE				TITLE	
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STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
TITLE				TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
☐ Delete				☐ Change ☐ Addition	
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: 				2/26/05 239- Date Daytime Phone # 267-5143	
SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					