



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90026 048 ****50.00

DOCUMENT # L04000044623 1. Entity Name CHRISTIAN'S PRESSURE CLEANING, LLC					
Principal Place of Business 3241 NW 36TH AVE. OKEECHOBEE, FL 34972 US			Mailing Address 3241 NW 36TH AVE. OKEECHOBEE, FL 34972 US		
2. Principal Place of Business P.O. Box 32 Suite, Apt. #, etc. Okeechobee FL City & State 34973 Zip Country		3. Mailing Address P.O. Box 32 Suite, Apt. #, etc. Okeechobee FL City & State 34973 Zip Country			
4. FEI Number 20-1243282				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04192006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SIMS, LAURA K 223 S. PARROTT AVE. OKEECHOBEE, FL 34974			7. Name and Address of New Registered Agent Name Dawn M Edwards Street Address (P.O. Box Number is Not Acceptable) P.O. Box 32 SE Hwy 441 Okeechobee FL City Okeechobee Zip Code 34974		
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 <u><i>Alan Edwards</i></u> DATE <u>4/19/06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EDWARDS, ALAN D 3241 NW 36TH AVE. OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Edwards, Alan D P.O. Box 32 Okeechobee, Florida 34973	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Alan Edwards</i></u> MGRM <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/19/06</u> Daytime Phone # _____		