

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90033 032 ****50.00

DOCUMENT # L05000004553

1. Entity Name

ALL WASHED UP PRESSURE WASHING LLC



Principal Place of Business

**2333 HIBISCUS CT.
SARASOTA FL 34239
US**

Mailing Address

**2333 HIBISCUS CT.
SARASOTA FL 34239
US**



2. Principal Place of Business

2333 HIBISCUS CT

Suite, Apt. #, etc.

3. Mailing Address

2333 HIBISCUS CT.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

SARASOTA FL

City & State

SARASOTA FL

4. FEI Number

20-2005357

Applied For

Not Applicable

Zip

34239

Country

US

Zip

34239

Country

US

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WICKLINE, GRANT A
2333 HIBISCUS CT.
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

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

Signature, typed name, and title of registered agent, if applicable

(NOTE: Registered Agent signature required when remaining)

7

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **WICKLINE, GRANT A**
CITY-ST-ZIP **2333 HIBISCUS CT.
SARASOTA FL 34239**

TITLE ☐ Delete
NAME **MGRM**
STREET ADDRESS **DAMICO, SAMUEL A**
CITY-ST-ZIP **58 ANNAPOLIS LANE
ROTONDA WEST FL 33947**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Grant A Wickline **GRANT A WICKLINE**

4/3/06

941-955-8184

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

Daytime Phone #