2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 24, 2008 8:00 am Secretary of State

	ANNU	AL REPORT		-	Secreta	ary or S	iaic
DOCUMENT # L0500005914 1. Entity Name ISLAND PAINTING & PRESSURE CLEANING LLC					04-24-2008	90013 030 ***1	43.75
ISLAND F	PAINTING & PRESSUF	RE CLEANING LLC					
Principal Plac	e of Business	Mailing Address			DARK GAA		
33 BUTTONV	NOOD DR	PO BOX 1578					:
KEY LARGO,	FL 33037 US	KEY LARGO, FL 33037	US				
2. Principal Place of Business - No P.O. Box #			3. Mailing Address 3.3 Buttonwood Dr.		OR OFFICE	E BOURT BORINGS BURKEN HOUSE STOCKS DUI	1991 WI 1881
Suite, Apt. #, etc.		Suite, Apt. #, etc.			3 Chg-LLC	CR2E083 (12/06)	
City & State		City & State	City & State Large FL		4. FEI Number Applied For 76-0777268 Not Applied be		
Zip	Country	Zip	Country		te of Status Desired	\$5.00 Add	ditional
	6. Name and Address of Co	Urrent Registered Agent	Monsoc		nd Address of New Re	Fee Require	d
		arrow registered Agent	Name			egistore Agera	
	E, EVEREST SR NWOOD DR		Street Ad	Idress (P.O. Box Nun	ber is Not Acceptable)	
	GO, FL 33037						
1	, •		City			E ∎ Zip Cod	е .
8 The above	named entity submits this statem	ment for the purpose of changing its	. <u> </u>	registered agent, or	ooth, in the State of Flo	<u> </u>	
	tions of registered agent.	ment for the purpose of changing its	registered office of t	registered agent, or i	on, in the state of Fio	rida. TaliTianillar with,	апи ассері
SIGNATURE						4/19/08	
SIGNATURE	Signature, typed or printed name of registere	ed agent and title if applicable (NOT	E: Registered Agent signatur	re required when reinstating)		DATÉ	
	Signature, typed or printed name of registere		E. Registered Agent signatur	ré required when reinstating)	Make	pATÉ check pavable to	
FILE	Sgrature, typed or orbited name of registers NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$5	5	E. Registered Agent signatur	re required when reinstating)		e check payable to Department of Stat	e
FILE	Signature, typed or printed name of registers E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$55	5	E: Registered Agent signatur	re required when reinstating)		Department of Stat	e
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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.

// 9/0 8 305-451-1610 Date Daywre Prone #