


# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L05000029161</b>		
1. Entity Name <b>HYDRO FIRE PRESSURE WASHING LLC.</b>		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 MAR 10 AM 10:04

Principal Place of Business <b>1800 OLD MOODY BLVD BUNNELL, FL 32110 US</b>	Mailing Address <b>160 SECRETARY TRAIL PALM COAST, FL 32164</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052009 REIN-LLC CR2E101 (1/07)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>GUERIN, ANTHONY J OWNER 160 SECRETARY TRAIL PALM COAST, FL 32164</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$277.50</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GUERIN, ANTHONY J OWNER 160 SECRETARY TRAIL PALM COAST, FL 32164 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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**REINSTATEMENT 2008, 2009**

**T. Hampton MAR 11 2009**

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:**  **3-3-09** **386-527-2810**