

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000034243

1. Entity Name
SCOTT GIPPER PRESSURE CLEANING, LLC



**FILED
May 16, 2008 8:00 am
Secretary of State**

05-16-2008 90188 013 ***143.75

00041073

Principal Place of Business 4202 GULFSTREAM RD. LAKE WORTH, FL 33461		Mailing Address 4202 GULFSTREAM RD. LAKE WORTH, FL 33461	
<i>4202 Gulfstream Rd.</i>			
2. Principal Place of Business - No P.O. Box # <i>In Home office</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>Lake Worth FL</i>		Suite, Apt. #, etc.	
City & State <i>33461</i>		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent			
GIPPER, SCOTT A 4202 GULFSTREAM RD. LAKE WORTH, FL 33461			
7. Name and Address of New Registered Agent			
Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			

04232008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-2632042	Applied For
	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

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 *Scott A. Gipper*

4-26-08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIPPER, SCOTT A			
STREET ADDRESS	4202 GULFSTREAM RD.			
CITY-ST-ZIP	LAKE WORTH, FL 33461			
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				
STREET ADDRESS				
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TITLE		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *Scott A. Gipper*

4-26-08 561-512-3966

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

Date

Daytime Phone #