

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-16-2008 90188 013 ***143.75

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DOCUMENT # L05000034243 1. Entity Name SCOTT GIPPER PRESSURE CLEANING, LLC					
Principal Place of Business 4202 GULFSTREAM RD. LAKE WORTH, FL 33461 <i>4202 Gulfstream Rd.</i>			Mailing Address 4202 GULFSTREAM RD. LAKE WORTH, FL 33461		
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>			
City & State <i>33461</i>		City & State _____			
Zip _____		Country _____		4. FEI Number 20-2632042	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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 _____		
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>Scott A. Gipper</i></u> DATE <u><i>4-26-08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM GIPPER, SCOTT A 4202 GULFSTREAM RD. LAKE WORTH, FL 33461 <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	
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>Scott A. Gipper</i></u> DATE <u><i>4-26-08</i></u> DAYTIME PHONE # <u><i>561-512-3966</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					