

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000045810

FILED
Apr 26, 2006
Secretary of State

Entity Name: CAPE PRESSURE CLEANING LLC

Current Principal Place of Business:

1456 SE 14TH ST
CAPE CORAL, FL 33990

New Principal Place of Business:

1312 SE 18TH TERRACE
CAPE CORAL, FL 33990 US

Current Mailing Address:

1456 SE 14TH ST
CAPE CORAL, FL 33990

New Mailing Address:

1312 SE 18TH TERRACE
CAPE CORAL, FL 33990 US

FEI Number: 13-4298339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAGNER, CAROL A
1456 SE 14TH ST
CAPE CORAL, FL 33990 US

Name and Address of New Registered Agent:

WAGNER, CAROL A
1312 SE 18TH TERRACE
CAPE CORAL, FL 33990 US

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.

SIGNATURE: CAROL A. WAGNER

04/26/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAROL A., WAGNER
Address: 1456 SE 14TH ST
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM (X) Delete
Name: DAVID D., BEZANSON
Address: 1456 SE14TH ST
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGMR (X) Change () Addition
Name: WAGNER, CAROL A
Address: 1312 SE 18TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CAROL A. WAGNER

MGMR

04/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date