_ 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L05000046634 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name NORMAN HARRIS PRESSURE CLEANING LLC Principal Place of Business Mailing Address 2148 45TH ST S.W. NAPLES FL 34116 2148 45TH ST S.W. NAPLES FL 34116 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For ✓ Not Applicable Zip Country Zια Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, NORMAN Street Address (P.O. Box Nurriber is Not Acceptable) 2148 45TH ST S.W. NAPLES FL 34116 City 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 Signature, typed or printed name or registered agent and title it applicable (NOTE Registered Agent signature required when reinstitling) DATE FILE NOW!!! FEE IS \$50,00 U00000540737 Make Check Payable to Florida Department of State 05/10/06-80030-012 50.00 Due By May 1, 2006 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES DILLE ☐ Delete □ Change ☐ Addition NAME HARRIS, NORMAN NAME STREET ADDRESS STREET ADDRESS 2148 45TH ST S.W. CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34116 TITLE Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7IP CITY-ST-7IP ☐ Delete Tillt TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition NAME MAKAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE HILE Delete TITLE ☐ Change Addition MAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP

SIGNATURE: Norm on Havis Norman HARRIS 4-20-06 239-571-0263
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Date District Product Browne And Type OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
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11. I hereby curtify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.