

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052094

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** SOUTHERN ORCHID PRESSURE CLEANING AND MAINTENANCE, LLC

**Current Principal Place of Business:**

1428 SE 28TH TERR  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

3903 DR MARTIN LUTHER KING JR BLVD  
SUITE L  
FORT MYERS, FL 33916 US

**Current Mailing Address:**

1428 SE 28TH TERR  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

3903 DR MARTIN LUTHER KING JR BLVD  
SUITE L  
FORT MYERS, FL 33916 US

**FEI Number:** 20-2922069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

ROBINSON, LESLIE  
1428 SE 28TH TERR  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROBINSON, LESLIE A  
Address: 1428 SE 28TH TERR  
City-St-Zip: CAPE CORAL, FL 33904 US

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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:** LESLIE ROBINSON

MNGR

03/20/2009

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