

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000052094

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

410 SW 43RD LANE  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

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

**New Mailing Address:**

410 SW 43RD LANE  
CAPE CORAL, FL 33914 US

**FEI Number:** 20-2922069

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

ROBINSON, LESLIE  
410 SW 43RD LANE  
CAPE CORAL, FL 33914 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: LESLIE ROBINSON

01/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ROBINSON, LESLIE A  
Address: 410 SW 43RD LANE  
City-St-Zip: CAPE CORAL, FL 33914 US

I hereby 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

01/30/2011

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