2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State
05-17-2006 90090 024 ****55.00

DOCUMENT # L05000059574

1. Entity Name

VALUE PRESSURE WASH LLC

Principal Place of Business	Mailing Address
1280 N. NOVA RD. HOLLY HILL FL 32117 US	P.O. BOX 250661 HOLLY HILL FL 32125-0661 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
6631 STATE RD 54	P.O. BOX 3922
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, Fl	City & State: HOLIDAY, Fl.
Zip: 34655 Country: USA	Zip: 34692 Country: USA

4. FEI Number: 13-4300680 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

POWERS, ROBERT F
1280 N. NOVA RD.
HOLLY HILL FL 32117

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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM POWERS, ROBERT F 1280 N. NOVA RD. HOLLY HILL FL 32117 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STEVEN NEWMAN 6631 STATE RD 54 NEW PORT RICHEY Fl. 34655 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

X Steve Newman