2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10: 30

DOCUMENT # L05000077110

1. Entity Name
SOLARI POOLS & PRESSURE CLEANING, LLC

Principal Place of Business	Mailing Address
313 BAYSHORE RD. NOKOMIS, FL 34274	313 BAYSHORE RD. NOKOMIS, FL 34274

02052006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
666 IRON WOOD CIR		P.O. BOX 801	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: VENICE		City & State: NOKOMIS	
Zip: 34292	Country: SARASOTA	Zip: 34274	Country: SARASOTA

4. FEI Number: 20-3759826 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOLARI, STEVEN
313 BAYSHORE RD.
NOKOMIS, FL 34274

7. Name and Address of New Registered Agent

Name: SOLARI, STEVEN
Street Address (P.O. Box Number is Not Acceptable): 666 IRON WOOD CIRCLE
City: VENICE FL Zip Code: 34292

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SOLARI, STEVEN 313 BAYSHORE RD. NOKOMIS, FL 34274	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☒ Change ☐ Addition 666 IRON WOOD CIRCLE VENICE, FL 34292
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition 03-9-06 90001 044 $50.00
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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] MARCH 6/06