

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90016 029 ****50.00

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DOCUMENT # L05000117571 1. Entity Name BEN QUALLS PRESSURE WASHING LLC					
Principal Place of Business 1204 LAUREL PINES CIRCLE NOKOMIS, FL 34275 US			Mailing Address 1204 LAUREL PINES CIRCLE NOKOMIS, FL 34275 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
03222006 Chg-LLC CR2E083 (11/05)			4. FEI Number 402-72-1945		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent QUALLS, JAMES B 1204 LAUREL PINES CIRCLE NOKOMIS, FL 34275					
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 _____ (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	MGRM QUALLS, JAMES B 1204 LAUREL PINES CIRCLE NOKOMIS, FL 34275	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James B. Qualls</i>				4/19/06 941-485-9872	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Date Daytime Phone #	