

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000009534

**FILED**  
**Aug 02, 2007**  
**Secretary of State**

**Entity Name:** C. T. SCREENING AND PRESSURE WASHING L.L.C.

**Current Principal Place of Business:**

224 MALTESE CIR. APT 23  
FERN PARK, FL 32730 US

**New Principal Place of Business:**

**Current Mailing Address:**

224 MALTESE CIR. APT 23  
FERN PARK, FL 32730 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

THOMAS, F. COLTER  
856 ORIENTA AV.  
# C  
ALTAMONTE SPRINGS, FL 32701 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: MGR ( ) Delete  
Name: THOMAS, F. COLTER  
Address: 856 ORIENTA AV. # C  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: THOMAS, F. COLTER  
Address: 224 MALTESE CIRCLE APT.23  
City-St-Zip: FERN PARK, FL 32730 US

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: F. COLTER THOMAS

MGR

08/02/2007

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