

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063948

FILED
Mar 27, 2008
Secretary of State

Entity Name: TRADITION PAINTING, CLEANING AND PRESSURE WASHER, LLC

Current Principal Place of Business:

124 SUNNY OAK TRAIL
KISSIMMEE, FL 34746 US

New Principal Place of Business:

Current Mailing Address:

124 SUNNY OAK TRAIL
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 20-5113395

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALVAREZ, ENRIQUE
352 COCOA COURT
KISSIMMEE, FL 347583034 US

Name and Address of New Registered Agent:

ALVAREZ, ENRIQUE
124 SUNNY OAK TRAIL
KISSIMMEE, FL 34746 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: ENRIQUE ALVAREZ

03/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALVAREZ, ENRIQUE
Address: 352 COCOA COURT
City-St-Zip: KISSIMMEE, FL 34758 US

Title: MGRM () Delete
Name: PEREZ, ARIENYZ
Address: 352 COCOA COURT
City-St-Zip: KISSIMMEE, FL 34758 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALVAREZ, ENRIQUE
Address: 124 SUNNY OAK TRAIL
City-St-Zip: KISSIMMEE, FL 34746 US

Title: MGRM (X) Change () Addition
Name: PEREZ, ARIENYZ
Address: 124 SUNNY OAK TRAIL
City-St-Zip: KISSIMMEE, FL 34746 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: ENRIQUE ALVAREZ

MGRM

03/27/2008

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