

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000079407

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: PARADISE PRESSURE WASHING, LLC

**Current Principal Place of Business:**

121 HWY 386  
MEXICO BEACH, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14207  
MEXICO BEACH, FL 32410

**New Mailing Address:**

FEI Number: 32-0241530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ARTHUR, SIGMAN A  
121HWY. 386  
MEXICO BEACH, FL 32456 US

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

SIGMAN, KIMBERLY A  
121 HWY. 386  
MEXICO BEACH, FL 32456 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: KIMBERLY A. SIGMAN

04/16/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIGMAN, ARTHUR K  
Address: 121 HWY 386  
City-St-Zip: MEXICO BEACH, FL 32456

Title: MGRM ( ) Delete  
Name: SIGMAN, KIMBERLY A  
Address: 121 HWY 386  
City-St-Zip: MEXICO BEACH, FL 32456

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SIGMAN, ARTHUR K  
Address: 121 HWY 386  
City-St-Zip: MEXICO BEACH, FL 32456

Title: MGR (X) Change ( ) Addition  
Name: SIGMAN, KIMBERLY A  
Address: 121 HWY 386  
City-St-Zip: MEXICO BEACH, FL 32456

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: KIMBERLY SIGMAN

MGR

04/16/2009

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