## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000107614

2172 WEST NINE MILE RD #343

PENSACOLA, FL 32534 US

Address:

City-St-Zip:

Entity Name: ESCAROSA CLEANING AND RESTORATION, LLC

FILED Feb 05, 2009 Secretary of State

| Current Principal Place of Business:  |                                  | New Principal Place of Business:   |                                       |
|---|----------------------------------|------------------------------------|---------------------------------------|
| 2172 WEST NINE MILE   | RD                               |                                    |                                       |
| 343<br>PENSACOLA, FL 3253   | 34 US                            |                                    |                                       |
| Current Mailing Address:  |                                  | New Mailing Address:               |                                       |
| 2172 WEST NINE MILE<br>343  | ERD                              |                                    |                                       |
| PENSACOLA, FL 3253  | 34 US                            |                                    |                                       |
| FEI Number: 86-1176832  | FEI Number Applied For ( )       | FEI Number Not Applicable ( )      | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: |                                  |                                    | f New Registered Agent:               |
| BLACKWELL, RYAN L<br>2172 WEST NINE MILE<br>343   |                                  |                                    |                                       |
| PENSACOLA, FL 3253  |                                  |                                    |                                       |
| The above named entit in the State of Florida.  | y submits this statement for the | purpose of changing its registered | d office or registered agent, or both |
| SIGNATURE:  |                                  |                                    |                                       |
| Electronic Signature of Registered Age  |                                  | ent                                | Date                                  |
| MANAGING MEMBERS/MANAGERS:  |                                  | ADDITIONS/CHANGES:                 |                                       |
| Title: OWNE Name: BLACKWELL   | ( ) Delete<br>., RYAN L          | Title:<br>Name:                    | ( ) Change ( ) Addition               |

Address:

City-St-Zip:

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: RYAN L BLACKWELL OWNE 02/05/2009