

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90346 039 ****50.00

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1. Entity Name
REVAL PRESSURE CLEANING "LLC"



Principal Place of Business
**1761 NW 108 ST.
 MIAMI, FL 33167 US**

Mailing Address
**1761 NW 108 ST.
 MIAMI, FL 33167 US**

2. Principal Place of Business - No P.O. Box #
 Suits, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



04062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **94-1687665** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**WALKER, ALVIN JR
 1761 NW 108 ST.
 MIAMI, FL 33167**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	WALKER, ALVIN JR	1761 NW 108 ST.	MIAMI, FL 33167	<input type="checkbox"/>
MGR	BARNES, ALEXANDER	831 NE 206 ST	NORTH MIAMI BEACH, FL 33179	<input type="checkbox"/>
MGR	CURRY, JEROME	845 NW 201 ST.	MIAMI GARDENS, FL 33169	<input type="checkbox"/>
MGR	PINE, RICHARD A	20084 NW 36 AVE.	MIAMI, FL 33056	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Alvin Walker **04-28-07** **305-332-1924**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #