

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000024030

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INFINITI POWER WASH, LLC

**Current Principal Place of Business:**

9622 GLENOX LANE  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 735  
RIVERVIEW, FL 33568

**New Mailing Address:**

FEI Number: 51-0621431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BLAYLOCK, CASSANDRA  
9622 GLENOX LANE  
RIVERVIEW, FL 33569 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: MGRM ( ) Delete  
Name: BLAYLOCK, RONALD SR  
Address: 9622 GLENOX LANE  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM ( ) Delete  
Name: PINDER, CLIFFORD  
Address: 11403 VILLAGE BROOK DR  
City-St-Zip: RIVERVIEW, FL 33569

Title: MGRM ( ) Delete  
Name: BLAYLOCK, CASSANDRA  
Address: 9622 GLENOX LANE  
City-St-Zip: RIVERVIEW, FL 33569

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
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: RONALD BLAYLOCK SR

MGRM

04/30/2009

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