

04-28-2008 90030 006 ***138.75
L07000024485

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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08 JUN 16 PH 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30007341

DOCUMENT # L07000024485			
1. Entity Name BRUCE ROSS PRESSURE CLEANING LLC			
Principal Place of Business 6806 93RD ST. EAST BRADENTON, FL 34202		Mailing Address 6806 93RD ST. EAST BRADENTON, FL 34202	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
ROSS, BRUCE D 6806 93RD ST EAST BRADENTON, FL 34202			
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 size of certificate) (NOTE: Registered Agent signature required when registering)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
MGRM BRUCE D. ROSS 6806 93RD ST EAST BRADENTON FL 34202			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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: <u>Bruce D. Ross</u> <u>BRUCE D. ROSS</u>		4-23-08 941-504-6126	
SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Chapter Phone #	