

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000026309

FILED
Apr 07, 2009
Secretary of State

Entity Name: AQUA PRO PRESSURE WASHING LLC

Current Principal Place of Business:

5934 PARK RIDGE CIR
PORT ORANGE, FL 32127

New Principal Place of Business:

6470 LONGLAKE DR.
PORT ORANGE, FL 32128

Current Mailing Address:

5934 PARK RIDGE CIR
PORT ORANGE, FL 32127

New Mailing Address:

6470 LONGLAKE DR.
PORT ORANGE, FL 32128

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

OCONNELL, MICHAEL
5934 PARK RIDGE CIR
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

OCONNELL, MICHAEL
6470 LONGLAKE DR.
PORT ORANGE, FL 32128 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:

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OCONNELL, MICHAEL
Address: 5934 PARK RIDGE CIR
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM () Delete
Name: HARRINGTON, ALICIA
Address: 5934 PARK RIDGE CIR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OCONNELL, MICHAEL
Address: 6470 LONGLAKE DR.
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM (X) Change () Addition
Name: OCONNELL, ALICIA
Address: 6470 LONGLAKE DR.
City-St-Zip: PORT ORANGE, FL 32128

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: MICHAEL OCONNELL

MGRM

04/07/2009

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