

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000097485

FILED
Feb 25, 2009
Secretary of State

Entity Name: PRISTINE PAVER CLEANING LLC

Current Principal Place of Business:

3 ISLAND DRIVE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

3 ISLAND DRIVE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 26-3621800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

BROBERG, DAVID M
3 ISLAND DRIVE
LAKE MARY, FL 32746 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: DAVID BROBERG

02/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BROBERG, ERIC D
Address: 3 ISLAND DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: BROBERG, DAVID M
Address: 3 ISLAND DRIVE
City-St-Zip: LAKE MARY, FL 32746 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: RANDS, JEFF
Address: 3 ISLAND DRIVE
City-St-Zip: LAKE MARY, FL 32746

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: DAVID BROBERG

MGRM

02/25/2009

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