

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000022773

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Entity Name:** CERTIFIED BACKFLOW TESTING OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

1432 NIOBE CT.  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number: 51-0463667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLUM, LONNIE  
1432 NIOBE CT  
ORLANDO, FL 32822 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: MGR  
Name: LONNIE, BLUM  
Address: 1432 NIOBE CT  
City-St-Zip: ORLANDO, FL 32822

I hereby 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: LONNIE BLUM

MGR

04/13/2010

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