

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035512

FILED
Jun 30, 2005
Secretary of State

Entity Name: 911 PLUMBING AND SEPTIC SERVICE, L.L.C.

Current Principal Place of Business:

3499 NW 97TH BLVD., SUITE 7
GAINESVILLE, FL 32606

New Principal Place of Business:

3499 NW 97TH BLVD.
SUITE # 7
GAINESVILLE, FL 32606

Current Mailing Address:

3499 NW 97TH BLVD., SUITE 7
GAINESVILLE, FL 32606

New Mailing Address:

P.O. BOX 357085
GAINESVILLE, FL 32635

FEI Number: 20-0233709 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DANIEL, THOMAS A
623 NORTH MAIN STREET
GAINESVILLE, FL 32601 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: WADE, ARTHUR C JR
Address: 2034 SW 76TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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

Title: MGR () Delete
Name: WADE, CHRISTINA F
Address: 2034 SW 76TH TERRACE
City-St-Zip: GAINESVILLE, FL 32607

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHRISTINA F. WADE

MGR

06/30/2005

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