

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90038 004 \*\*\*\*50.00

**DOCUMENT # L03000045597**

1. Entity Name

1 PLUMBING CO., L.L.C.



Principal Place of Business

300 AVERY STREET  
SAINT AUGUSTINE FL 32084

Mailing Address

300 AVERY STREET  
SAINT AUGUSTINE FL 32084



2. Principal Place of Business

300 Avery St

3. Mailing Address

300 Avery St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

St Augustine, FL

City & State

St Augustine, FL

4. FEI Number

51-0497669

Applied For

Not Applicable

Zip

32084

Country

St. Johns

Zip

32084

Country

St. Johns

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FARRELL, RICHARD J  
6847 MIDDLETON AVENUE  
ST. AUGUSTINE FL 32080

7. Name and Address of New Registered Agent

Name

Richard J Farrell

Street Address (P.O. Box Number is Not Acceptable)

300 Avery Street

City

St Augustine

FL

Zip Code

32084

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

*Richard J Farrell*

4/6/06

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State.**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FARRELL, RICHARD J	
STREET ADDRESS	6847 MIDDLETON AVENUE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32080	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Farrell, Richard J	
STREET ADDRESS	300 Avery Street	
CITY-ST-ZIP	St Augustine, FL 32080	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Richard J Farrell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

904 825 0008  
4/6/06 904 540 0265