

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090601

FILED
May 14, 2008
Secretary of State

Entity Name: CARTER'S PUMP REPAIR, LLC

Current Principal Place of Business:

13178 RED BONE AVE
BROOKSVILLE, FL 34614

New Principal Place of Business:

9089 CARTER RD
BROOKSVILLE, FL 34601

Current Mailing Address:

13178 RED BONE AVE
BROOKSVILLE, FL 34614

New Mailing Address:

9089 CARTER RD
BROOKSVILLE, FL 34601

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

MARRIAGE, MARK
10099 FOLEY STREET
BROOKVILLE, FL 34601 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: MGRM () Delete
Name: CARTER, JOHN M
Address: 13178 RED BONE AVE
City-St-Zip: BROOKSVILLE, FL 34614

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CARTER, JOHN M
Address: 9089 CARTER RD
City-St-Zip: BROOKSVILLE, FL 34601

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: JOHN M. CARTER

MGRM

05/14/2008

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