

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000096964

**Entity Name:** M.D.R. PLUMBING & FIRE, LLC

**Current Principal Place of Business:**

13000 S. TRYON STREET  
SUITE F-240  
CHARLOTTE, NC 28278

**Current Mailing Address:**

13000 S. TRYON ST  
SUITE F-240  
CHARLOTTE, NC 28278 US

**FEI Number:** 26-1120981

**Certificate of Status Desired:** No

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

RECARTE, MEDARDO D  
14282 SW 146 AVE  
MIAMI, FL 33186 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

**Authorized Person(s) Detail :**

Title            OWRN  
Name            RECARTE, MEDARDO D  
Address        13000 S. TRYON ST  
                  SUITE F-240  
City-State-Zip: CHARLOTTE NC 28278

Title            CO-OWNR  
Name            RECARTE, IXTZEL M  
Address        13000 S. TRYON ST  
                  SUITE F-240  
City-State-Zip: CHARLOTTE NC 28278

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** IXTZEL M. RECARTE

**CO-OWNER**

**03/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date