

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000069797

**Entity Name:** ECHOLS PLUMBING & AIR CONDITIONING, LLC**Current Principal Place of Business:**2233 HWY 98 NORTH  
OKEECHOBEE, FL 34972**Current Mailing Address:**301 N.W. 4TH AVENUE  
OKEECHOBEE, FL 34972**FEI Number:** 45-2708788**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CLOSE HOLDINGS, LLC  
301 NW 4TH AVE  
OKEECHOBEE, FL 34972 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           | MGR                 |
| Name            | CLOSE HOLDINGS, LLC |
| Address         | 301 N.W. 4TH AVENUE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

|                 |                     |
|-----------------|---------------------|
| Title           | PRESIDENT           |
| Name            | CLOSE, THOMAS C     |
| Address         | 301 N.W. 4TH AVENUE |
| City-State-Zip: | OKEECHOBEE FL 34972 |

|                 |                     |
|-----------------|---------------------|
| Title           | VP                  |
| Name            | CLOSE, THOMAS L     |
| Address         | 2233 HWY 98 NORTH   |
| City-State-Zip: | OKEECHOBEE FL 34972 |

|                 |                      |
|-----------------|----------------------|
| Title           | SECRETARY, TREASURER |
| Name            | WELLS, SHERYL L      |
| Address         | 301 N.W. 4TH AVENUE  |
| City-State-Zip: | OKEECHOBEE FL 34972  |

*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:** ANGEL STEVENS**OFFICE MANAGER****02/26/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date