

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000135112

**Entity Name:** ELITE PLUMBING SOLUTIONS, LLC

**Current Principal Place of Business:**

7693 SW ELLIPSE WAY  
STUART, FL 34997

**Current Mailing Address:**

P.O. BOX 1097  
PALM CITY, FL 34991 US

**FEI Number: 81-4696238**

**Certificate of Status Desired: No**

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

WILLIAMSON, JENNIFER L ESQ.  
759 SW FEDERAL HIGHWAY  
SUITE 106  
STUART, FL 34994 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 JENKINS, WILLIAM  
Address P.O. BOX 1097  
City-State-Zip: PALM CITY FL 34991

*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: WILLIAM JENKINS** \_\_\_\_\_

**MANAGER**

**04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date