

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000171797

**Entity Name:** A.T.& ASSOCIATES PLUMBING, LLC

**Current Principal Place of Business:**

1475 WINDLE STREE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

1475 WINDLE STREE  
JACKSONVILLE, FL 32209 US

**FEI Number:** 20-2552995

**Certificate of Status Desired:** Yes

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

THOMAS, ALVIN JR.  
1475 WINDLE STREE  
JACKSONVILLE, FL 32209 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 THOMAS, ALVIN JR  
Address 1475 WINDLE STREE  
City-State-Zip: JACKSONVILLE FL 32209

Title AMBR  
Name WILSON, JULIE  
Address 6751 ECTOR ROAD  
City-State-Zip: JACKSONVILLE FL 32211

*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:** ALVIN THOMAS JR

MGR

03/21/2017

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

\_\_\_\_\_  
Date