

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214831

**Entity Name:** A-PLUS PLUMBING SERVICES, LLC

**Current Principal Place of Business:**

13605 EAGLE RIDGE PKWY  
#1733  
FORT MYERS, FL 33912

**Current Mailing Address:**

13605 EAGLE RIDGE PKWY  
UNIT 1733  
FORT MYERS, FL 33912 US

**FEI Number:** 81-4544274

**Certificate of Status Desired:** No

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

CAMIS, DANNY  
13605 EAGLE RIDGE PKWY  
#1733  
FORT MYERS, FL 33912 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 AMBR  
Name CAMIS, DANNY  
Address 13605 EAGLE RIDGE PKWY, #1733  
City-State-Zip: FORT MYERS FL 33912

Title AMBR  
Name CARRIERE, JOSEPH  
Address 677 107TH AVE. N.  
City-State-Zip: NAPLES FL 34108

*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:** DANNY CAMIS

AMBR

01/16/2017

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

\_\_\_\_\_  
Date