

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90338 007 ***138.75

DOCUMENT # L00000003469

1. Entity Name
CORNWALL PLUMBING, LLC



Principal Place of Business
5140 MAIN STREET
SUITE 8
NEW PORT RICHEY, FL 34652

Mailing Address
5161 RIO VISTA AVE
TAMPA, FL 33634

00013634



2. Principal Place of Business - No P.O. Box #
5161 W. Rio Vista Ave
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03062008 Chg-LLC CR2E083 (12/06)

City & State
Tampa, FL
Zip
33634

Country

City & State

Zip

Country

4. FEI Number
38-3582315

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'CONNOR, TARA M
O'CONNOR LAW GROUP P A
9735 US HWY 19, SUITE 2
PORT RICHEY, FL 34668

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CORNWALL, DOUGLAS JR. ☐ Delete
STREET ADDRESS 4999 MCCARTHY DRIVE
CITY-ST-ZIP MILFORD, MI 48381

TITLE MGR
NAME O'CONNOR, JOHN J ☐ Delete
STREET ADDRESS 8700-BEL MERE DRIVE
CITY-ST-ZIP HUDSON, FL 34667

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Cornwall, Douglas JR.
STREET ADDRESS 207 Sunvista Court South
CITY-ST-ZIP Treasure Island, FL 33706

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

[Signature]

Douglas Cornwall Jr.

3/6/08

(813) 884-7494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #