## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L01000003986

in the State of Florida.

Entity Name: ALLORE'S PLUMBING SERVICES, LLC

FILED Apr 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

723 E. PARKWAY 418 SE FII

STUART, FL 34996 STUART, FL 34996

Current Mailing Address: New Mailing Address:

723 E. PARKWAY 418 SE FINI

STUART, FL 34996 STUART, FL 34996

FEI Number: 65-1085337 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

THOMAS JEFFREY ALLORE
723 E. PARKWAY
STUART, FL 34996 US
THOMAS JEFFREY ALLORE
418 SE FINI
STUART, FL 34996 US
STUART, FL 34996 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: 04/13/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: ALLORE, THOMAS, JEROME Name: ALLORE, THOMAS, JEROME

 Address:
 723 E. PARKWAY
 Address:
 418 SE FINI

 City-St-Zip:
 STUART, FL 34996
 City-St-Zip:
 STUART, FL 34996

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: ALLORE, IRIS, LEE Name: ALLORE, IRIS, LEE

Address: 723 E. PARKWAY Address: 418 SE FINI
City-St-Zip: STUART, FL 34996 City-St-Zip: STUART, FL 34996

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: THOMAS JEFFREY ALLORE RA 04/13/2007