

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000003986

FILED
Apr 29, 2008
Secretary of State

Entity Name: ALLORE'S PLUMBING SERVICES, LLC

Current Principal Place of Business:

418 SE FINI
STUART, FL 34996

New Principal Place of Business:

Current Mailing Address:

418 SE FINI
STUART, FL 34996

New Mailing Address:

FEI Number: 65-1085337

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THOMAS JEFFREY ALLORE
418 SE FINI
STUART, FL 34996 US

Name and Address of New Registered Agent:

THOMAS JEFFREY ALLORE
1658 SW 31ST TERRACE
PALM CITY, FL 34990 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:

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ALLORE, THOMAS, JEROME
Address: 418 SE FINI
City-St-Zip: STUART, FL 34996

Title: MGRM (X) Delete
Name: ALLORE, IRIS, LEE
Address: 418 SE FINI
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ALLORE, IRIS, LEE
Address: 418 SE FINI
City-St-Zip: STUART, FL 34996

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: IRIS LEE, ALLORE

SECT

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date