# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L01000015325**

1. Entity Name

CENTRAL FLORIDA PUMP & MOTOR SERVICE, L.L.C.



FILED Jan 31, 2008 08:00 AN Secretary of State

Principal Place of Business

1721 BENBOW COURT, UNIT C

APOPKA, FL 32703

Mailing Address

1721 BENBOW COURT, UNIT C APOPKA, FL 32703



## DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3742530

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SNOWDEN, JAMES C JR. 1721 BENBOW COURT, UNIT C APOPKA, FL 32703

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March San San San Carlot Contraction

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 little 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

U00000806928 02/06/08-80061-009 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	SNOWDEN, JAMES C JR
STREET ADDRESS	615 W KING ST
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	• ,
STREET ADDRESS	
CITY: \$1-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the e	

DO NOT WRITE IN THIS SPACE

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:

IE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OP AUTHORIZED REPRESENTATIVE

1/29/08

407/880-2993

Daytime Phone #