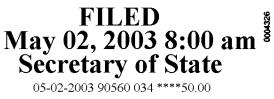
2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L01000019511 1. Entity Name



|--|

DOLPHIN PLUMBING & MECHANICAL, LLC										
Principal Plac	e of Business		Mailing Address			-				
20 WEST STATE ROAD 434 MINTER SPRINGS FL 32708			120 WEST STATE ROAD 434 WINTER SPRINGS FL 32708			1 (48)(18)(1	41: 48:8: 118:1 88:1 88:1	##111 ##1#1 21 # 2 #	(C) (C) (C) (C) (C)	11 (c) (96)
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			1	CHECK HERE	F MAKING (CHANGES	
City & State			City & State			4. FEI Numbe	^{er} 59-325665 9)	_ 	plied For t Applicable
Zip	Coun	try	Zip Country		5. Certificate	of Status Desired		5.00 Add		
		dress of Current Re	gistered Agent			7. Name and	Address of New Ro	egistered Ag	jent	
	CEL A LITDEDA D		-	-	Name					
1840	gel & Utrera, P I SW 22ND St. Floor	.н.			Street Address	(P.O. Bax Numbe	er is Not Acceptable))		
MIAMI FL 33145										
1711 1111 1 2 00 1 10					City			FL	Zip Code	3
SIGNATURE .	signature, typed or printed in		FILE NO	OWIII	ad Agent signature required			DATE		
			Make Check Payab		orida Departme ay 1, 2003	ent of State				
9.	M/	NAGING MEMBERS	/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS	MGR PARROTT, RALPI 120 WEST STATI		☐ Delete	TITL NAM STRE	•			1	Change	☐ Addition
CITY-ST-ZIP	WINTER SPRING	S FL 32708		CITY	/-ST-ZIP		_			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		ì			[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		and the second second second second	~ ⊡ Delete	NAM STRE	- 1		The same same same same same same same sam		≃]-Change	☐ Addition
TITLE Name Street address City-St-Zip			☐ Delete				,	[Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Ďelete					[Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAM STRE	E			[Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 fustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #