

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 13, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000019101 1. Entity Name Y.E.S. PLUMBING LLC	
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Principal Place of Business 5823 26TH STREET WEST BRADENTON, FL 34207 US	Mailing Address 5823 26TH STREET WEST BRADENTON, FL 34207 US
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DO NOT WRITE IN THIS SPACE



02072008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 86-1078559	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FULKS, CHARLES O 5823 26TH STREET WEST BRADENTON, FL 34207

**DO NOT WRITE
IN THIS SPACE**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULKS, CHARLES O 5823 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FULKS TAX & ACCOUNTING SERVICE INC 5823 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR YOUR ENVIRONMENTS SOLUTIONS INC 5823 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM LOSTETTER, KIMBERLY J 8805 FLORIDA ROCK ROAD #101 ORLANDO, FL 32825
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGM FULKS, JOANN M 5823 26TH ST W BRADENTON, FL 34207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000826266
02/21/08-80040-024 138.75

**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: _____

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

Date

Daytime Phone #

2/9/08 844-754685