


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90139 031 ***138.75

| | |
|---|---|
| DOCUMENT # L03000028103 1. Entity Name CAMPBELL'S PLUMBING, LLC |  |
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|--|--|
| Principal Place of Business 2369 DILLS ROAD MONTICELLO, FL 32344 | Mailing Address 2369 DILLS ROAD MONTICELLO, FL 32344 |
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DO NOT WRITE IN THIS SPACE

03212008No Chg-LLC

CR2E083 (12/07)

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|------------------------------------|--|
| 4. FEI Number 20-0121357 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent CAMPBELL, PAUL J 2369 DILLS ROAD MONTICELLO, FL 32344 |
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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 CAMPBELL, PAUL J 2369 DILLS ROAD MONTICELLO, FL 32344 |
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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: *Paul Campbell* 4-3-08 8536 1476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #