2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034560

Entity Name: APL PLUMBING SPECIALISTS LLC

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10513 CARROLLVIEW DR. 1520 W. MEADOWBROOK AVENUE

TAMPA, FL 33618 TAMPA, FL 33612

Current Mailing Address: New Mailing Address:

10513 CARROLLVIEW DR. 1520 W. MEADOWBROOK AVENUE

TAMPA, FL 33618 TAMPA, FL 33612

FEI Number: 56-2428500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VALDES, HECTOR A

2813 LINTHICUM PL

TAMPA, FL 33618 US

VALDES, HECTOR A

1712 W. FORE DRIVE

TAMPA, FL 33612 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: 01/06/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 VALDES, HECTOR A
 Name:
 VALDES, HECTOR A

 Address:
 10513 CARROLLVIEW DR.
 Address:
 1712 W. FORE DRIVE

 City-St-Zip:
 TAMPA, FL 33618
 City-St-Zip:
 TAMPA, FL 33612

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HICKEY, PAMÉLA M
 Name:

 Address:
 10513 CARROLLVIEW DR.
 Address:

 City-St-Zip:
 TAMPA, FL 33618
 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: HECTOR A. VALDES MGRM 01/06/2009