

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 OCT 12 P 2:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # L03000035512

1. Entity Name

911 PLUMBING AND SEPTIC SERVICE, L.L.C.



Principal Place of Business

3499 NW 97TH BLVD., SUITE 7  
GAINESVILLE, FL 32606

Mailing Address

3499 NW 97TH BLVD., SUITE 7  
GAINESVILLE, FL 32606

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

09242004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DANIEL, THOMAS A  
623 NORTH MAIN STREET  
GAINESVILLE, FL 32601

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

Christina F Wood

(NOTE: Registered Agent signature required when reinstating)

9/24/04

DATE

Filing Fee is \$50.00  
Due by September 8, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME WADE, ARTHUR C JR  
STREET ADDRESS 2034 SW 76TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE MGR ☐ Delete  
NAME WADE, CHRISTINA F  
STREET ADDRESS 2034 SW 76TH TERRACE  
CITY-ST-ZIP GAINESVILLE, FL 32607

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700041731527  
10/08/04--01072--003 \*\*50.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 trustee 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 #