2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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Feb 09, 2004 8:00 am
Secretary of State
01-26-2004 90074 039 ****55.00

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01122004 Chg-LLC CR2E083 (10/03)

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1. Entity Name
AFFORDABLE PLUMBING MOBILE SERVICE LLC

Principal Place of Business	Mailing Address
7450 BLUE JACKET PL E WINTER PARK, FL 32792 US	7450 BLUE JACKET PL E WINTER PARK, FL 32792 US

2. Principal Place of Business		3. Mailing Address	
7450 BLUE JACKET PL E		7450 BLUE JACKET PL E	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: WINTER PARK FLORIDA		City & State: WINTER PARK FLORIDA	
Zip: 32792	Country: US.	Zip: 32792.	Country: US.

4. FEI Number: 59-3259766 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLFE, ROBERT L
7450 BLUE JACKET PL E
WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) NONE
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] 1-12-4
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER ROBERT L WOLFE 7450 BLUE JACKET PL WINTER PARK F 32792 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	NONE ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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] 1-12-4 4078693317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #