

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038124

FILED  
Jul 26, 2007  
Secretary of State

Entity Name: AFFORDABLE PLUMBING MOBILE SERVICE LLC

**Current Principal Place of Business:**

7450 BLUE JACKET PL E  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

7204 AMETHYST LN  
ORLANDO, FL 32807 US

**Current Mailing Address:**

7450 BLUE JACKET PL E  
WINTER PARK, FL 32792 US

**New Mailing Address:**

111 SANDY AV  
MOUNDSVILLE, WV 26041 US

FEI Number: 59-3259766      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

WOLFE, ROBERT L  
7204 AMETHYST LN  
ORLANDO, FL 32807 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:

07/26/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WOIFE, ROBERT L  
Address: 7450 BLUE JACKET PL  
City-St-Zip: WINTER PARK, FL 32792

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WOIFE, ROBERT L  
Address: 7204 AMETHYST LN  
City-St-Zip: ORLANDO, FL 32807

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: ROBERT WOLFE

MGR

07/26/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date