2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 18, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000046846

1. Entity Name

WOOTEN PLUMBING, L.L.C.

Principal Place of Business	Mailing Address
2827 MISTY GARDEN CIRCLE TALLAHASSEE FL 32303	PO BOX 4242 TALLAHASSEE FL 32315

1st MOORE CR2E083 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-2579176 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WOOTEN, GREGORY C
2827 MISTY GARDEN CIRCLE
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

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 Gregory C. Wooten 1-16-6
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WOOTEN, GREGORY C		NAME		
STREET ADDRESS	2827 MISTY GARDEN CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	000000490217	
CITY-ST-ZIP			CITY-ST-ZIP	01/23/06--01018--018 50.00	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Gregory C. Wooten 1-16-6 850-2[illegible]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #