

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90154 001 \*\*\*\*50.00

**DOCUMENT # L03000046848**

1. Entity Name

JOE BOONE PLUMBING LLC



Principal Place of Business

2964 TETON TRAIL  
TALLAHASSEE FL 32303

Mailing Address

2964 TETON TRAIL  
TALLAHASSEE FL 32303

2. Principal Place of Business

1808 BENADO LOMAS Drive

Suite, Apt. #, etc.

3. Mailing Address

1808 BENADO LOMAS Drive

Suite, Apt. #, etc.



1st MOORE

CR2E083 (10/04)

City & State

TALLAHASSEE Florida

Zip

32317

Country

City & State

TALLAHASSEE Florida

Zip

32317

Country

4. FEI Number

16-1688407

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOONE, JOSEPH W  
2964 TETON TRAIL  
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent

Name

Joseph W. Boone

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

1808 BENADO LOMAS Drive

City

TALLAHASSEE

FL

Zip Code

32317

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

Joseph W. Boone Joseph W. Boone

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-30-05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME BOONE, JOSEPH W  
STREET ADDRESS 2964 TETON TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32303

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME Joseph W. Boone  
STREET ADDRESS 1808 BENADO LOMAS Drive  
CITY-ST-ZIP TALLAHASSEE FL 32317

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

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

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

TITLE ☐ Change ☐ Addition  
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:

Joseph W. Boone Joseph W. Boone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-30-05

Date

544-3025

Daytime Phone #