

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Jun 09, 2004 8:00 am
Secretary of State

05-03-2004 90116 008 ****50.00

DOCUMENT # L03000047046					
1. Entity Name L.C.S. PLUMBING & GAS PIPING SERVICE, LLC					
Principal Place of Business 501 PAPAYA DRIVE TAMPA FL 33619-4143			Mailing Address 501 PAPAYA DRIVE TAMPA FL 33619-4143		
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	
				Applied For ☐ Not Applicable ☒	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145			7. Name and Address of New Registered Agent Name MARY K BLAZEWICH Street Address (P.O. Box Number is Not Acceptable) 11105 LAKE VISTA DR City Thornton, FL Zip Code 33592		
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 Mary K Blazewich DATE 2/16/04 Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SILVERS, LEWIS C 501 PAPAYA DRIVE TAMPA FL 33619-4143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SILVERS, LEWIS C 501 PAPAYA DRIVE TAMPA FL 33619-4143	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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] Date 4-27-04 813-620-1127 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					