

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 A
Secretary of State

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

DO NOT WRITE IN THIS SPACE



04172007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BLAZEIVICH, MARY K
11105 LAKE SASSA DR
THONOTOSASSA, FL 33592

**DO NOT WRITE
IN THIS SPACE**

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, 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, 2007**

000000724451
05/02/07-80113-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME SILVERS, LEWIS C
STREET ADDRESS 501 PAPAYA DRIVE
CITY-ST-ZIP TAMPA, FL 336194143

TITLE MGR
NAME SILVERS, LEWIS C
STREET ADDRESS 501 PAPAYA DRIVE
CITY-ST-ZIP TAMPA, FL 336194143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Lewis Curtis Silvers* Lewis Curtis Silvers 4-20-07 813-220-8876

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

Date

Daytime Phone #