2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 05, 2007 08:00 Al Secretary of State DOCUMENT # L03000047408 1. Entity Name WEATHERS ELECTRIC AND PLUMBING, LLC Principal Place of Business Mailing Address 2532 LISENBY AVENUE PANAMA CITY FL 32405 2532 LISENBY AVENUE PANAMA CITY FL 32405 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number NO-T APPLICABLE Not Applicable Zıp Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo WEATHERS, ELBERT J Stroot Address (P.O. Box Number is Not Acceptable) 2532 LISENBY AVENUE PANAMA CITY FL 32405 City Zip Codo 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 Squature, 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, 2007 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES ☐ Delete IIIŒ MGRM Addition ☐ Change NAME WEATHERS, ELBERT J U00000691907 04/13/07-80029-016 55.00 STREET ADDRESS STREET ADDRESS 2532 LISENBY AVENUE CITY-ST-ZIP PANAMA CITY FL 32405 CITY ST-ZIP TIME ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 1000 ☐ Dolele HTU: Change Addition NAME STREET ADDRESS STREET ADDRESS CMY-ST-7IP CITY-ST-ZIP TOTAL. ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TOTE ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP 1016 Delete ☐ Change Addition NAMI. 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 offect as if made under eath; 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.

GER, OR AUTHORIZED REPRESENTATIVE