## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

## Feb 09, 2004 8:00 am Secretary of State **DOCUMENT # L03000047581** 02-09-2004 90188 049 \*\*\*\*50.00 R.J. FISHER PLUMBING, LLC Mailing Address Principal Place of Business **Z400J0**56 901 SW 35TH AVENUE 901 SW 35TH AVENUE **BOYNTON BEACH, FL 33435** BOYNTON BEACH, FL 33435 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02032004 Chg-LLC CR2E083 (10/03) City & State Applied For City & State 4. FELNumbe Not Applicable --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 NARDOTTI, ANTHONY M Street Address (P.O. Box Number is Not Acceptable) 3389A W. WOOLBRIGHT ROAD BOYNTON BEACH, FL 33436 City 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 Filing Fee Is \$50.00 Due by May 1, 2004 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR ☐ Delete TITLE ☐ Addition Change NAME FISHER, RAYMOND J NAME STREET ADDRESS 901 SW35TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH, FL 33435** Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE □ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ! ☐ Addition TITLE 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 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.

**FILED**