


**2005 LIMITED LIABILITY COMPANY .  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047696</b> 1. Entity Name LEONARD FULLER PLUMBER LLC	
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Principal Place of Business 6058 ST. ALBAN RD PENSACOLA, FL 32503	Mailing Address 6058 ST. ALBAN RD PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
73-1686721

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

FULLER, GLORIA J  
6058 ST ALBAN RD  
PENSACOLA, FL 32503

**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

*Gloria J. Fuller*  
Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*4/11/05*

**Filing Fee is \$50.00  
Due by May 1, 2005**

000000303268  
04/13/05-80106-002 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FULLER, LEONARD H 6058 ST ALBAN RD. PENSACOLA, FL 32503
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IN THIS SPACE**

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:**

*Leonard H. Fuller*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DATE

*4-11-05*

DAYTIME PHONE #

*850-476-3947*