


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000047761 1. Entity Name MARK'S PLUMBING SERVICES LLC	
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Principal Place of Business 108 DINGLER DRIVE CARRABELLE, FL 32322	Mailing Address P.O. BOX 628 CARRABELLE, FL 32322
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DO NOT WRITE IN THIS SPACE



03242005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-2504815	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**HOUSHOLDER, MARK
108 DINGLER DRIVE
CARRABELLE, FL 32322**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOUSHOLDER, MARK P.O. BOX 628 CARRABELLE, FL 32322
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04/25/05-80161-004 55.00

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.

MARK HOUSHOLDER
SIGNATURE: Mark Housholder 4-21-05 850-653-6991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #