


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000047888
 1. Entity Name
 ALPHIN PLUMBING, LLC



| | |
|---|---|
| Principal Place of Business 2709 BAGA CT ORLANDO, FL 32812 US | Mailing Address 2709 BAGA CT ORLANDO, FL 32812 US |
|---|---|



01052008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 23-7745126 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALPHIN, GAIL
 2709 BAGA COURT
 ORLANDO, FL 32812

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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: X MIA
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U00000878187
 04/14/08-80045-008 138.75

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------|
| TITLE | MGRM |
| NAME | ALPHIN, DENNIS E |
| STREET ADDRESS | 2709 BAGA CT |
| CITY-ST-ZIP | ORLANDO, FL 32812 |
| TITLE | MGRM |
| NAME | ALPHIN, GAIL |
| STREET ADDRESS | 2709 BAGA CT |
| CITY-ST-ZIP | ORLANDO, FL 32812 |
| 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: Mia Alphin 3/11/08 407-797-1651

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #