## ~~2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## FILED Feb 07, 2006 08:00 AM Secretary of State DOCUMENT # L03000049083 1. Entity Name STALLER PLUMBING, LLC Principal Place of Business Mailing Address 7916 GOLDEN GLEN PLACE TAMPA FL 33615 US 7916 GOLDEN GLEN PLACE TAMPA FL 33615 US 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State Applied For 4. FEI Number 55-0850941 Not Applicable Zip 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 STALLER, JACK V Street Address (P.O.\_Box Number is Not Acceptable) 7916 GOLDEN GLEN PLACE **TAMPA FL 33615** 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 SIGNATURE Signature, typed or printed name or registered agent and title it applicable. (NOTE: Registered Agent signature required whisfi?einstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE MGRM Delete TITLE ☐ Addis Change STALLER, JACK V NAME U00000424762 STREET ADDRESS STREET ADDRESS 7916 GOLDEN GLEN PLACE 02/18/06-80062-007 50.00 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33615 ☐ Delete HILE ☐ Change Addition TITLE NAME MANE STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY - ST - ZIP TIBE Detete THE ☐ Add‰ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZEP THE Delete ☐ Change Addition THEF MAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Delete TITLE Change 🔲 Aថ្នាំថ្នៃព្ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P TITLE Delete TITUE ☐ Change Addita NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- 7JF 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 effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee compliment to execute this report as required by Chapter 608, Florida Statutes.

ND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1.30.2006

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