

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # LQ3000049803

1. Entity Name  
HARLAND KINGSLEY PLUMBING LLC



Principal Place of Business

5533 JAMES STREET  
NEW PORT RICHEY, FL 34652

Mailing Address

5533 JAMES STREET  
NEW PORT RICHEY, FL 34652

**DO NOT WRITE IN THIS SPACE**



01102006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
26-0075720

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

KINGSLEY, HARLAND  
5533 JAMES STREET  
NEW PORT RICHEY, FL 34652

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	KINGSLEY, HARLAND
STREET ADDRESS	5533 JAMES STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652

TITLE	
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01/17/06-80004-009 50.00

**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: *Harland Kingsley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

1/10/06

Date

727/849-6315

Daytime Phone #