

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Feb 01, 2006 08:00 AM  
Secretary of State

DOCUMENT # L03000049958

1. Entity Name

GENE CRUM PLUMBING, L.L.C.



Principal Place of Business

103 CORAL AVE.  
TAVERNIER FL 33070

Mailing Address

P.O. BOX 1114  
TAVERNIER FL 33070



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number  
59-2508914

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CRUM, PAUL E  
103 CORAL AVE.  
TAVERNIER FL 33070

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGR  
CRUM, PAUL E  
103 CORAL AVE.  
TAVERNIER FL 33070 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Add  
U000000413494  
02/10/06-80092-001 50.00

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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 empowered to execute this report as required by Chapter 608, Florida Statutes

SIGNATURE: Paul E. Crum Paul E. Crum Jan 15, 2006 305-852-8111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #