


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 21, 2007 8:00 am
Secretary of State

06-21-2007 90136 028 ****55.00

DOCUMENT # L03000050589		
1. Entity Name DAVY'S PLUMBING LLC		

Principal Place of Business 8405 TREVARTHON RD ORLANDO FL 32817	Mailing Address 8405 TREVARTHON RD ORLANDO FL 32817
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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State, Apt. #, etc. Orlando, Florida	State, Apt. #, etc. Orlando, FLA.
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City & State Orlando, FL	City & State Orlando, FL
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2nd MOORE CR2E083 (4/07)

Zip 32817	Country	Zip 32817	Country
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4. FEI Number 42-1616794	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent VICKERS, DAVID A 8405 TREVARTHON RD ORLANDO FL 32817	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

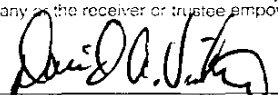
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VICKERS, SAMUEL A 8405 TREVARTHON RD ORLANDO FL 32817 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P VICKERS, SAMUEL 8405 TREVARTHON RD ORLANDO FL 32817 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  **DAVID A. VICKERS** 6-14-07/407 277 0253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #