


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

03-21-2007 90162 044 ****55.00

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # L03000051088 | | | |  | |
| 1. Entity Name CHRIS MORRIS PLUMBING, LLC | | | | | |
| Principal Place of Business 151 PLANTATION ROAD DEBARY, FL 32713 | | | Mailing Address 151 PLANTATION ROAD DEBARY, FL 32713 | | |
| 2. Principal Place of Business - No P.O. Box # 14 Jasmine Dr. | | 3. Mailing Address 14 Jasmine Dr. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State DeBary, FL. | | City & State DeBary, FL. | | 4. FEI Number 27-0074325 | |
| Zip 32713 | | Country USA | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | 6. Name and Address of Current Registered Agent MORRIS, CHRISTOPHER E 151 PLANTATION ROAD DEBARY, FL 32713 | |
| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14 Jasmine Dr. City DeBary FL Zip Code 32713 | | | | 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 reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM MORRIS, CHRISTOPHER E 151 PLANTATION ROAD DEBARY, FL 32713 | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | 14 Jasmine DR. DeBary, FL. 32713 | |
| Delete <input type="checkbox"/> | | | Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| Delete <input type="checkbox"/> | | | Change <input type="checkbox"/> Addition <input type="checkbox"/> | | |
| 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 <i>Chris Morris</i> | | | Date 3-17-07 Daytime Phone # (386) 668-9427 | | |