

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

04 MAY 12 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L03000052080**

1. Entity Name  
**CLINTON H. SMITH PLUMBING SERVICE L.L.C.**



Principal Place of Business  
**1205 RICHMOND STREET  
TALLAHASSEE, FL 32304**

Mailing Address  
**1205 RICHMOND STREET  
TALLAHASSEE, FL 32304**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03062003 Chg-LLC CR2E083 (10/03)

4. FEI Number

Applied For

Not Applicable

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

**SMITH, CLINTON H  
1205 RICHMOND STREET  
TALLAHASSEE, FL 32304**

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

**CLINTON H. SMITH**

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete  
NAME **SMITH, CLINTON H**  
STREET ADDRESS **1205 RICHMOND STREET**  
CITY-ST-ZIP **TALLAHASSEE, FL 32304**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

Clinton H. Smith

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

5/1/04

Date

Daytime Phone #