

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 08, 2007 8:00 am**  
**Secretary of State**

02-08-2007 90143 030 \*\*\*\*\*50.00

DOCUMENT # L03000054027

1. Entity Name

BLUEGRASS PLUMBING, LLC



Principal Place of Business

Mailing Address

11540 NW 200 ST  
MICANOPY FL 32667

11540 NW 200 ST  
MICANOPY FL 32667



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

5343 N.W. 177 LANE P.O. BOX 531

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~ORANGE LAKE FL~~

ORANGE LAKE

City & State

City & State

OR Reddick FL

FL

Zip

Country

Zip

Country

32686

MARION

32681

MARION

1st MOORE

CR2E083 (10/06)

4. FEI Number

NO-T APPLICABLE

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

TOMMIE, RONALD L  
8511 NW 186TH STREET  
REDDICK FL 32686

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, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TOMMIE, RONALD L  
11540 NW 200 ST  
MICANOPY FL 32667

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TOMMIE, DIANNE  
11540 NW 200 ST  
MICANOPY FL 32667

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

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

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: *Ron Tommie* *RON TOMMIE*

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

2-1-07 352-591-1166

Date

Daytime Phone #