2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State
03-22-2004 90425 008 ****50.00

DOCUMENT # L03000054755

1. Entity Name
EUSTIS QUALITY PLUMBING, LLC

Principal Place of Business	Mailing Address
800 JEFFERIS CT EUSTIS FL 32726	800 JEFFERIS CT EUSTIS FL 32726

MOORE CR2E083 (11/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

WALSH, THOMAS J
800 JEFFERIS CT
EUSTIS FL 32726

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 ______ 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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	WALSH, THOMAS J	
STREET ADDRESS	800 JEFFERIS CT	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10.

TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		] Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

GIVE TO LIFE
I use my Social
Security number
[illegible]
I'm a sole
proprietor

FLORIDA HOSPITAL WATERMAN
Foundation
812 N. BAY STREET, EUSTIS, FL 32726
(352) 589-7676

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stat... ...nation indicated on this report is true and accurate and that my signature shall have the same legal effe... ...the limited liability company or the receiver or trustee empowered to execute this report as required by ...

SIGNATURE: [signature] 3-17-04 3523578648
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #