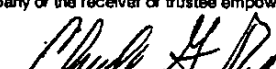


FILED
Mar 21, 2005 8:00 am
Secretary of State

DOCUMENT # L03000055292		Secretary of State 02-17-2005 90100 002 ****50.00	
1. Entity Name CLAUDE RASH PLUMBING, LLC			
Principal Place of Business 85084 BLACKMON RD YULEE FL 32097		Mailing Address 85084 BLACKMON RD YULEE FL 32097	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent FORDHAM, SCOTT B 1241 S MCDUFF AVE JACKSONVILLE FL 32205		4. FEI Number 20-0503743 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		DATE (NOTE: Registered Agent signature required when reinstating)	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: RASH, CLAUDE G STREET ADDRESS: 85084 BLACKMON RD CITY-ST-ZIP: YULEE FL 32097		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: MGRM NAME: RASH, TONY E STREET ADDRESS: 85084 BLACKMON RD CITY-ST-ZIP: YULEE FL 32097		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:		TITLE: NAME: STREET ADDRESS: 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: 		2-15-05 904 545 0521	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	