2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055292

1. Entity Name
CLAUDE RASH PLUMBING, LLC

Principal Place of Business	Mailing Address
85084 BLACKMON RD YULEE, FL 32097	85084 BLACKMON RD YULEE, FL 32097

DO NOT WRITE IN THIS SPACE

02142007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0503743	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FORDHAM, SCOTT B
1241 S MCDUFF AVE
JACKSONVILLE, FL 32205

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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

Filing Fee Is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

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

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03/08/07--80001-016 50.00

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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: X _Claude G Rash_   02-24 904X2259447

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #