2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055697

1. Entity Name
BASS PLUMBING, LLC

Principal Place of Business	Mailing Address
5208 SW 65TH CT GAINESVILLE, FL 32608 US	5208 SW 65TH CT GAINESVILLE, FL 32608 US

04122005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
92-0179871
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BASS, O C
5208 SW 65TH CT
GAINESVILLE, FL 32608

DO NOT WRITE IN THIS SPACE

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BASS, O. C
STREET ADDRESS	5208 SW 65TH CT
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	BASS, BETTY L
STREET ADDRESS	5208 SW 65TH CT
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	MGRM
NAME	NELSON, PATRICIA
STREET ADDRESS	2531-B NW 41 STREET
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000306319
04/15/05-80009-018 50.00

DO NOT WRITE IN THIS SPACE

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: O.C Bass 4-12-05 3527274449
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #