

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90031 035 ****50.00

DOCUMENT # **L03000056447**

1. Entity Name

All Day's Night Plumbing LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

208 Francis Wright P.O. Box 6634

Suite, Apt. #, etc.

3. Mailing Address

Tallahassee Florida

City & State

City & State

Tallahassee

Country

Leon

Zip

32314

Country

Leon

4. FEI Number

57-1195991

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

John Giannone

Street Address (P.O. Box Number is Not Acceptable)

3030 Juniper Dr

City

Edgewater, FL

FL

Zip Code

32341-6208

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

John Giannone

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**MEMBER
CARL Bennett
P.O. BOX 6634 TALLAHASSEE, FL 32314**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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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:

John Giannone

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

Date

Daytime Phone #

CR2E083B (12/02)