

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056447

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ALL DAY & NIGHT PLUMBING, LLC

**Current Principal Place of Business:**

208 FRANCES MAPLES DRIVE  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6634  
TALLAHASSEE, FL 323146634

**New Mailing Address:**

**FEI Number:** 57-1195991

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GIOVANNONI, JOHN M.S. EACMAAB  
3030 JUNIPER DRIVE  
EDGEWATER, FL 321416208 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BENNETT, CARL  
Address: PO BOX 6634  
City-St-Zip: TALLAHASSEE, FL 323146634

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CARL O. BENNETT

PRES

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date