


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L03000056775 1. Entity Name MATTHEW JENKINS PLUMBING, L.L.C.	
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Principal Place of Business 1405 ARAPAHO AVENUE ST. AUGUSTINE, FL 32084	Mailing Address 1405 ARAPAHO AVENUE ST. AUGUSTINE, FL 32084
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03252007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-1796325	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOLES, JOSEPH L JR 19 RIBERIA STREET ST. AUGUSTINE, FL 32084
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2007**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, MATTHEW 1405 ARAPAHO AVE. SAINT AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, KAREN 1405 ARAPAHO AVE. SAINT AUGUSTINE, FL 32084
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UD00000697389
04/18/07-80040-005 50.00

**DO NOT WRITE
IN THIS SPACE**

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:  / March 28-2007 9048295646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #