

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000056775

1. Entity Name
MATTHEW JENKINS PLUMBING, L.L.C.



Principal Place of Business
**1405 ARAPAHO AVENUE
ST. AUGUSTINE, FL 32084**

Mailing Address
**1405 ARAPAHO AVENUE
ST. AUGUSTINE, FL 32084**



03052008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1796325

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOLES, JOSEPH L JR
19 RIBERIA STREET
ST. AUGUSTINE, FL 32084**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

110000008-041108
04/03/08-80117-011 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	JENKINS, MATTHEW
STREET ADDRESS	1405 ARAPAHO AVE.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	MGRM
NAME	JENKINS, KAREN
STREET ADDRESS	1405 ARAPAHO AVE.
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32084
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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: *Matthew M. Jenkins*

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

March 19, 2008 *904-829-5646*

Date

Daytime Phone #