

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002374

Entity Name: CHASTEEN PLUMBING, LLC

**FILED**  
**Apr 30, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

475 E. MERRIMAC DR.  
MERRITT ISLAND, FL 329522609

**New Principal Place of Business:**

**Current Mailing Address:**

475 E. MERRIMAC DR.  
MERRITT ISLAND, FL 329522609

**New Mailing Address:**

FEI Number: 56-2430480

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HUGHES, BETTY A  
2080 NEWFOUND HARBOR DR.  
MERRITT ISLAND, FL 329522841 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CHASTEEN, DONNIE L  
Address: 475 E. MERRIMAC DR.  
City-St-Zip: MERRITT ISLAND, FL 329522609

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DONNIE L. CHASTEEN

MGR

04/30/2005

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