

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 03, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000014293

1. Entity Name

DIAMOND PLUMBING OF THE PALM BEACHES, LLC



Principal Place of Business

**3687 ATLANTIC ROAD
PALM BEACH GARDENS FL 33410**

Mailing Address

**3687 ATLANTIC ROAD
PALM BEACH GARDENS FL 33410**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

27-0080417

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

2nd MOORE

CR2E083 (4/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WHITESCARVER, JOHN
3687 ATLANTIC ROAD
PALM BEACH GARDENS FL 33410**

Name

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

City

FL

Zip Code

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WHITESCARVER, JOHN**
STREET ADDRESS **3687 ATLANTIC ROAD**
CITY - ST - ZIP **PALM BEACH GARDENS FL 33410**

☐ Change ☐ Addition
**U00000766851
07/03/07-80003-017 50.00**

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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:

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

Date

Daytime Phone #