

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 29, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90130 034 \*\*\*\*50.00  
08-02-2005 90005 027 \*\*\*\*50.00

**DOCUMENT # L04000014783**

1. Entity Name  
**LAFORTUNE PLUMBING LLC**



Principal Place of Business  
**1690 TUGWELL ST SE  
PALM BAY FL 32909**

Mailing Address  
**1690 TUGWELL ST SE  
PALM BAY FL 32909**

2. Principal Place of Business  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.

City & State

Zip

Country

2/  
8/



2nd MOORE CR2E083 (5/05)

4. FEI Number  
**200822432**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAFORTUNE, DONALD N JR  
1690 TUGWELL ST SE  
PALM BAY FL 32909**

7. Name and Address of New Registered Agent  
Name  
**NONE**  
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 **Donald N. LaFortune Jr.** **M 17** **7-28-05**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when replacing) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 7, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER DONALD D. LAFORTUNE JR 1690 TUGWELL ST. SE PALM BAY FL 32909</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b></b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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 606, Florida Statutes.

SIGNATURE: **DONALD N. LAFORTUNE JR** **M 17** **7-29-05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**301-258-3725**