

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90151 049 ****50.00

DOCUMENT # L04000015121

1. Entity Name

RONALD CARLTON SOARES PLUMBING CONTRACTOR LLC



Principal Place of Business

951 SE WALTER TERRACE
PORT ST LUCIE FL 34983

Mailing Address

951 SE WALTER TERRACE
PORT ST LUCIE FL 34983

20008552



1st MOORE CR2E083 (10/04)

2. Principal Place of Business

951 SE Walter Terr
Suite, Apt. #, etc.

951 SE Walters Terr
City & State

St Lucie Fl
Zip Country

34983 3931 St Lucie

3. Mailing Address

951 SE Walter Terr
Suite, Apt. #, etc.

951 SE Walters Terr
City & State

St Lucie Fl
Zip Country

34983 3931 St Lucie

4. FEI Number

650568314

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOARES, RONALD CARLTON
951 SE WALTER TERRACE
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

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

Ronald C Soares

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

(NOTE: Registered Agent signature required when reinstating)

2/4/05

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME SOARES, RONALD C
STREET ADDRESS 951 SE WALTER TERRACE
CITY-ST-ZIP PORT ST LUCIE FL 34983

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE:

Ronald C Soares

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

2/4/05 772 340 1520

Date

Daytime Phone #