2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000015121

1. Entity Name

RONALD CARLTON SOARES PLUMBING CONTRACTOR LLC

Principal Place of Business	Mailing Address
951 SE WALTER TERRACE 951 SE WALTERS TERRACE PORT ST LUCIE FL 34983	951 SE WALTER TERRACE 951 SE WALTERS TERRACE PORT ST LUCIE FL 34983

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
951 SE WAlter Ter	951 SE WAlters Ter
Suite, Apt. #, etc	Suite, Apt #, etc.
City & State: Port St Lucie Fl	City & State: Port st Lucie Fl
Zip: 34983 3931 Country: St Lucie	Zip: 34983 3931 Country: St Lucie

4. FEI Number 65-0568314 ☐ 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 ______
Signature, typed or printed name of registered agent and title 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 May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SOARES, RONALD C 951 SE WALTER TERRACE PORT ST LUCIE FL 34983	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U00000612520 02/05/07-80001-024 50.00	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: RONAld C SOARES Ronald C Soares 1/29/07 7723401 5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #