

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018056

Entity Name: PLUMBING RENOVATIONS LLC

FILED
Feb 08, 2006
Secretary of State

Current Principal Place of Business:

3837 FLAG DR.
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

3837 FLAG DR.
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 56-2464971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, SCOTT
10249 N MILITARY TRAIL, #107
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

COX, SCOTT
3837 FLAG DRIVE
PALM BEACH GARDENS, FL 33410 US

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:

02/08/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: COX, SCOTT
Address: 10249 N MILITARY TRAIL, #107
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: GB () Delete
Name: DEEGAN, CAROL
Address: 10249 N MILITARY TRAIL 107
City-St-Zip: PALM BEACH GARDENS, FL 33410

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: COX, SCOTT
Address: 3837 FLAG DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGRM (X) Change () Addition
Name: DEEGAN, CAROL
Address: 3837 FLAG DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: SCOTT COX

MGR

02/08/2006

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