

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021980

**FILED**  
**Mar 22, 2009**  
**Secretary of State**

**Entity Name:** LINVILLE PLUMBING SERVICE, LLC

**Current Principal Place of Business:**

2896 BLACKWATER OAKS DR.  
MULBERRY, FL 33860 US

**New Principal Place of Business:**

**Current Mailing Address:**

2896 BLACKWATER OAKS DR.  
MULBERRY, FL 33860 US

**New Mailing Address:**

**FEI Number:** 59-3338437

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LINVILLE, ROBERT T  
1827 ERIN BROOKE DRIVE  
VALRICO, FL 33594 US

**Name and Address of New Registered Agent:**

LINVILLE, ROBERT T  
2896 BLACKWATER OAKS DR.  
MULBERRY, FL 33860 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:

03/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LINVILLE, CAROL R  
Address: 2896 BLACKWATER OAKS DR.  
City-St-Zip: MULBERRY, FL 33860 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT T LINVILLE

PRES

03/22/2009

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