

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022100

Entity Name: J.C. PLUMBING, L.L.C.

FILED  
Apr 10, 2008  
Secretary of State

**Current Principal Place of Business:**

7943 NW 20TH ST.  
LEHIGH ACRES, FL 33972

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 415  
ALVA, FL 33920

**New Mailing Address:**

FEI Number: 20-0835613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CAMPBELL, JERRY LEE  
7943 N.W. 20TH STREET  
LEHIGH ACRES, FL 33972 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CAMPBELL, JERRY L  
Address: 7943 N.W. 20TH ST  
City-St-Zip: LEHIGH ACRES, FL 33972 US

Title: MGRM ( ) Delete  
Name: CAMPBELL, SUSAN J  
Address: 7943 N.W. 20TH ST  
City-St-Zip: LEHIGH ACRES, FL 33972

**ADDITIONS/CHANGES:**

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

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: JERRY L. CAMPBELL

MGRM

04/10/2008

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