

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

07 SEP 10 PM 1:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09102007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L04000024756</b>																					
<b>1. Entity Name</b> HANNAH PLUMBING, LLC																					
<b>Principal Place of Business</b> 2889 D. WEST THARPE ST TALLAHASSEE, FL 32308			<b>Mailing Address</b> 2889 D. WEST THARPE ST TALLAHASSEE, FL 32303																		
<b>2. Principal Place of Business - No P.O. Box #</b> 1004 DADE ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1004 DADE ST Suite, Apt. #, etc.		<b>4. FEI Number</b> APPLIED FOR																	
<b>City &amp; State</b> Tallahassee FLA		<b>City &amp; State</b> Tallahassee																			
<b>Zip</b> 32304		<b>Country</b> USA																			
<b>6. Name and Address of Current Registered Agent</b> PITTMAN, LARRY 2018 TRIMBLE ROAD TALLAHASSEE, FL 32308		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Name</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Caleb Hannah</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">1004 DADE ST</td> </tr> <tr> <td colspan="2" style="padding: 2px;"><b>City</b></td> </tr> <tr> <td colspan="2" style="padding: 2px;">Tallahassee</td> </tr> <tr> <td style="padding: 2px;"><b>FL</b></td> <td style="padding: 2px;"><b>Zip Code</b></td> </tr> <tr> <td></td> <td style="padding: 2px;">32304</td> </tr> </table>				<b>Name</b>		Caleb Hannah		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		1004 DADE ST		<b>City</b>		Tallahassee		<b>FL</b>	<b>Zip Code</b>		32304
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<b>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.</b> <table style="width:100%;"> <tr> <td style="width:40%; padding: 5px;"> <b>SIGNATURE</b> _____  <small>Signature typed or printed name of registered agent and title if applicable.</small> </td> <td style="width:60%; padding: 5px;">                 (NOTE: Registered Agent signature required when reinstating)                  DATE <b>9-10-07</b> </td> </tr> </table>						<b>SIGNATURE</b> _____ <small>Signature typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating) DATE <b>9-10-07</b>														
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<b>Filing Fee is \$50.00 Due by September 14, 2007</b>		<b>Make check payable to Florida Department of State</b>																			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>																		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN, LARRY 2018 TRIMBLE ROAD TALLAHASSEE, FL 32308		<input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM Hannah Caleb 1004 DADE ST Tallahassee FLA 32304																
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.</b>																					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			(850) 9-10-07 599-9475 <small>Date Daytime Phone #</small>																		