

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000035673

FILED
Jan 15, 2009
Secretary of State

Entity Name: DICK ROBERTS PLUMBING, LLC

Current Principal Place of Business:

7571 SE 131ST AVENUE
MORRISTON, FL 32668

New Principal Place of Business:

Current Mailing Address:

7571 SE 131ST AVENUE
MORRISTON, FL 32668

New Mailing Address:

FEI Number: 77-0639606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOXLEY, JOHN ESQ
JOHN MOXLEY, P.A.
2320 NE 2ND STREET, STE 4
OCALA, FL 34470 US

Name and Address of New Registered Agent:

ROBERTS, LAURA
LAURA J. ROBERTS
7571 SE 131ST AVENUE
MORRISTON, FL 32668 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: LAURA J. ROBERTS

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROBERTS, RICHARD J
Address: 7571 SE 131ST AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: MGR () Delete
Name: ROBERTS, LAURA J
Address: 7571 SE 131ST AVENUE
City-St-Zip: MORRISTON, FL 32668

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: ROBERTS, RICHARD J II
Address: 7571 SE 131ST AVENUE
City-St-Zip: MORRISTON, FL 32668

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: LAURA J ROBERTS

MGR

01/15/2009

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