

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 03, 2008 8:00 am
Secretary of State

01-22-2008 90118 010 ***138.75

DOCUMENT # L04000046522 1. Entity Name WILLINGHAM PLUMBING L.L.C.					
Principal Place of Business 439 VALPARAISO PKWY. VALPARAISO, FL 32580 US			Mailing Address 439 VALPARAISO PKWY. VALPARAISO, FL 32580 US		
2. Principal Place of Business - No P.O. Box # 439 Valparaiso Pkwy			3. Mailing Address same		
Suite, Apt. #, etc. 			Suite, Apt. #, etc. 		
City & State Valparaiso, FL 32580			City & State 		
Zip 32580		Country US		Zip 	
Country US		4. FEI Number 59-2543918			
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☒ Not Applicable	
6. Name and Address of Current Registered Agent WILLINGHAM, JIMMY C 404 N CEDAR AVE. NICEVILLE, FL 32578			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. SIGNATURE <u><i>Jimmy C. Willingham</i></u> DATE <u>1-18-08</u> Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLINGHAM, JIMMY C 404 N CEDAR AVE. NICEVILLE, FL 32578	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLINGHAM, MICHAEL A 1588 PINE STREET NICEVILLE, FL 32578	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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.					
SIGNATURE <u><i>Jimmy C. Willingham</i></u>				Date <u>1-18-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF RECORDING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					