2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED
Jan 25, 2008 08:00 AM
Secretary of State

| חחרו | JMEN | T #1 | 04000 | 004 7 | 7/56 |
|------|-------------|-------|--------|--------------|------|
| ロしし | コロロニコ | 1 # 1 | .ひ午ひひ! | UU4 / | 400 |

1. Entity Name

WILLIE THOMAS PLUMBING & ELECTRIC LLC



Principal Place of Business

432 SOUTH SALT MONTICELLO, FL 32344 Mailing Address

432 SOUTH SALT MONTICELLO, FL 32344



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-2364431 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

THOMAS, WILLIE 432 SOUTH SALT MONTICELLO, FL 32344

DO NOT WRITE IN THIS SPACE

| the duligations of registered agont, | | | | | |
|--|--|--|---|--|--|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Registered Agent signature required when (einstating) | DATE | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | | | | |
| 9. | MANAGING MEMBERS/MANAGERS | | | | |
| TITLE | MGR | | | | |
| NAME | THOMAS, WILLIE | | | | |
| STREET ADDRESS | 432 SOUTH SALT | | | | |
| CITY-ST-ZIP | MONTICELLO, FL 32344 | | | | |
| TITLE | | | HAGAAAATATATAA | | |
| NAME | | | U00000797708 01/29/08-30084-012 138.75 | | |
| STREET ADDRESS | | | niveny naujonnajunie ipovia | | |
| CITY-ST-ZIP | | | *** | | |
| TITLE | | | | | |
| NAME | | | , | | |
| STREET ADDRESS | | · I DO | NOT WOITE | | |
| CITY-ST-ZIP | | j bo | NOT WRITE | | |
| TITLE | | INI . | THIS SPACE | | |
| NAME | | l IIV | INIO SPACE | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | _ | | | | |
| TITLE | | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | , a / ₁ | | | |
| TITLE | | ſ | | | |
| NAME | | | | | |
| STREET ADDRESS | | 1 | | | |
| CITY-ST-ZIP | | | | | |
| 11. I hereby certify that the information supplied with this tiling 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. | | | | | |

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