

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000051080

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** EMORY M. GARLAND PLUMBING CO., LLC

**Current Principal Place of Business:**

17410 US HIGHWAY 41 N  
A  
LUTZ, FL 33548

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2705  
LUTZ, FL 33548

**New Mailing Address:**

**FEI Number:** 83-0402657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC  
2731 EXECUTIVE PARK DR  
SUITE 400  
WESTON, FL 33351 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  
**Name:** GARLAND, EMORY M  
**Address:** P.O. BOX 2705  
**City-St-Zip:** LUTZ, FL 33548

**Title:** MGRM  
**Name:** GARLAND, GLADA H  
**Address:** P.O. BOX 2705  
**City-St-Zip:** LUTZ, FL 33548

**Title:** MGRM  
**Name:** GARLAND, THOMAS  
**Address:** 9632 LAKE PINE PLACE  
**City-St-Zip:** TAMPA, FL 33635

**Title:** MGRM  
**Name:** GARLAND, WILLIAM  
**Address:** 9632 LAKE PINE PLACE  
**City-St-Zip:** TAMPA, FL 33635

I hereby 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:** EMORY M GARLAND

PRES

04/30/2010

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