

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080002

FILED  
Feb 02, 2007  
Secretary of State

Entity Name: CERTIFIED PLUMBING CO., LLC

**Current Principal Place of Business:**

3071 N. ORANGE BLOSSOM TRAIL  
SUITE H  
ORLANDO, FL 32804

**New Principal Place of Business:**

**Current Mailing Address:**

3071 N. ORANGE BLOSSOM TRAIL  
SUITE H  
ORLANDO, FL 32804

**New Mailing Address:**

FEI Number: 90-0236355

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SHRODE, NORMAN G  
3071 N. ORANGE BLOSSOM TRAIL  
SUITE H  
ORLANDO, FL 32804 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 ( ) Delete  
Name: NORMAN G AND THELMA, D SHRODE REVOC A BLE TRU  
Address: 101 SPRING HOLLOW BLV  
City-St-Zip: APOPKA, FL 32712 US

Title: MGR ( ) Delete  
Name: SHRODE, JASON L  
Address: 25205 ADAIR AVENUE  
City-St-Zip: SORRENTO, FL 32776 US

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NORMAN G SHRODE

MGRM

02/02/2007

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