

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-06-2005 90559 029 ****50.00

DOCUMENT # L04000092041 1. Entity Name ANTHONY RECINE PLUMBING LTD. CO.																																									
Principal Place of Business 3418 NIGHTHAWK COURT PUNTA GORDA, FL 33950			Mailing Address 3418 NIGHTHAWK COURT PUNTA GORDA, FL 33950																																						
2. Principal Place of Business PUNTA GORDA FLORIDA Suite, Apt. #, etc.		3. Mailing Address 3418 NIGHTHAWK CT Suite, Apt. #, etc.																																							
City & State PUNTA GORDA		City & State PUNTA GORDA FLORIDA		4. FEI Number 055-262451																																					
Zip 33950		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																																					
6. Name and Address of Current Registered Agent A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351			7. Name and Address of New Registered Agent Name ANTHONY RECINE Street Address (P.O. Box Number is Not Acceptable) 3418 NIGHTHAWK CT PUNTA GORDA City FL Zip Code 33950																																						
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>Anthony Recine</i></u> DATE <u>6-1-05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)																																									
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State																																							
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="2" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 25%;">NAME</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> MG-RM ANTHONY RECINE 3418 NIGHTHAWK CT PUNTA GORDA FL 33950 </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> ☐ Delete </td> <td colspan="2" style="padding: 5px;"> ☐ Change ☐ Addition </td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		TITLE	NAME	TITLE	NAME	MG-RM ANTHONY RECINE 3418 NIGHTHAWK CT PUNTA GORDA FL 33950		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition		☐ Delete		☐ Change ☐ Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.																																									
SIGNATURE: <u><i>Anthony Recine</i></u> DATE <u>6-1-05</u> DAYTIME PHONE # <u>941-565-8503</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																																									

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