

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015038

FILED  
Jan 06, 2009  
Secretary of State

**Entity Name:** ALACHUA PLUMBING SERVICE, LLC

**Current Principal Place of Business:**

6704 W. STATE RD  
235  
LACROSSE, FL 32658

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 997  
ALACHUA, FL 32616

**New Mailing Address:**

**FEI Number:** 20-3221067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS, HAROLD T  
6704 W. STATE RD  
235  
LACROSSE, FL 32658 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: DAVIS, HAROLD T  
Address: P.O. BOX 997  
City-St-Zip: ALACHUA, FL 326160997

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify 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: HAROLD T. DAVIS

MGRM

01/06/2009

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