

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019811

FILED  
Aug 03, 2009  
Secretary of State

Entity Name: DOUG FOX PLUMBING, LLC

**Current Principal Place of Business:**

5750 ZIP DR  
FORT MYERS, FL 33905

**New Principal Place of Business:**

**Current Mailing Address:**

5750 ZIP DR  
FORT MYERS, FL 33905

**New Mailing Address:**

FEI Number: 20-2582233

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

FOX, DOUGLAS  
12338 PALM BEACH BLVD  
FT MYERS, FL 33905 US

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

FOX, DOUGLAS  
5750 ZIP DRIVE  
FT MYERS, FL 33905 US

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:

08/03/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PMGR ( ) Delete  
Name: FOX, DOUGLAS  
Address: 13081 HICKORY GROVE CT  
City-St-Zip: FT MYERS, FL 33905

Title: M ( ) Delete  
Name: FOX, JUDITH  
Address: 13081 HICKORY GROVE CT  
City-St-Zip: FT MYERS, FL 33905

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: FOX, JUDITH  
Address: 13081 HICKORY GROVE CT  
City-St-Zip: FT MYERS, FL 33905

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: DOUGLAS FOX

PMGR

08/03/2009

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