

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) -- DUE BY MAY 1, 2008**

FILED
May 09, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000023705

1. Entity Name

DAN DRIVER PLUMBING, LTD. CO.



Principal Place of Business

1065 DAMROSCH CIRCLE
LARGO FL 33771

Mailing Address

1065 DAMROSCH CIRCLE
LARGO FL 33771



2. Principal Place of Business - No P.O. Box #

1065 Damrosch Circle

3. Mailing Address

Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Largo FL

City & State

Largo FL

4. FEI Number

59-2744669

Applied For

No: Applicable

Zip

33771

Country

USA

Zip

33771

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

DRIVER, DAN D
1065 DAMROSCH CIRCLE
LARGO FL 33771

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent's signature required when constituting)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME DRIVER, DAN D
STREET ADDRESS 1065 DAMROSCH CIRCLE
CITY- ST- ZIP LARGO FL 33771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000950925
CITY- ST- ZIP 06/04/08-80012-005 538.75

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 608, Florida Statutes.

SIGNATURE:

Daniel D Driver

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone