

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028262

FILED
Apr 28, 2008
Secretary of State

Entity Name: BULLARD PLUMBING SERVICE LLC

Current Principal Place of Business:

3490 US 1 SO #12
ST AUGUSTINE, FL 32086

New Principal Place of Business:

5288 TIMUCUA CIRCLE
ST AUGUSTINE, FL 32086

Current Mailing Address:

3490 US 1 SO #12
ST AUGUSTINE, FL 32086

New Mailing Address:

5288 TIMUCUA CIRCLE
ST AUGUSTINE, FL 32086

FEI Number: 56-2506653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BULLARD, ROBERT W
3490 US 1 SO #12
ST AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

BULLARD, ROBERT W
5288 TIMUCUA CIRCLE
ST AUGUSTINE, FL 32086 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BULLARD, ROBERT W
Address: 3490 US 1 SO #12
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR () Delete
Name: MOSER, PAMELA J
Address: 3490 US 1 SO #12
City-St-Zip: ST AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BULLARD, ROBERT W
Address: 5288 TIMUCUA CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32086

Title: MGR (X) Change () Addition
Name: MOSER, PAMELA J
Address: 5288 TIMUCUA CIRCLE
City-St-Zip: ST AUGUSTINE, FL 32086

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: PAMELA J. MOSER

MGM

04/28/2008

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