


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90144 028 ****50.00

DOCUMENT # L05000036907 1. Entity Name ALL ABOUT PLUMBING OF GREATER ORLANDO, LLC																															
Principal Place of Business 1311 SEMINOLA BLVD CASSELBERRY, FL 32707 US		Mailing Address 1311 SEMINOLA BLVD CASSELBERRY, FL 32707 US																													
2. Principal Place of Business 137 Concord Drive Suite, Apt. #, etc. Suite 1109 City & State Casselberry, FL Zip 32707 Country Seminole		3. Mailing Address 137 Concord Drive Suite, Apt. #, etc. Suite 1109 City & State Casselberry, FL Zip 32707 Country Seminole																													
4. FEI Number 202723655		Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required NO																													
6. Name and Address of Current Registered Agent SMITH, KATHIE 2476 MILLS CREEK ROAD CHULUOTA, FL 32766		7. Name and Address of New Registered Agent Name N/A 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 <u><i>Kathie J. Smith</i></u> Kathie J. Smith 7/10/06 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																															
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Delete</td> </tr> <tr> <td></td> <td>SMITH, KATHIE</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1311 SEMINOLA BLVD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CASSELBERRY, FL 32707</td> <td></td> </tr> </table>		TITLE	NAME	Delete		SMITH, KATHIE	<input type="checkbox"/>	STREET ADDRESS	1311 SEMINOLA BLVD		CITY-ST-ZIP	CASSELBERRY, FL 32707		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">Change</td> <td style="width:10%;">Addition</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>		TITLE	NAME	Change	Addition			<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u><i>Kathie J. Smith</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		7/10/06 407 366-0067 <small>Date Daytime Phone #</small>																													