## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

## Secretary of State DOCUMENT # L05000044887 02-24-2006 90243 045 \*\*\*\*50.00 TANKLESS HOT WATER OF POLK COUNTY, LLC Principal Place of Business Mailing Address 13727 MEADOW OAKS DR 13727 MEADOW OAKS DR DOVER, FL 33527 **DOVER, FL 33527** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 02092006 Chg-LLC CR2E083 (11/05) City & State 4. FEI Numbe Applied For City & State 84-1678612 Not Applicable Country Zio \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BONE, SUSAN.C. -Street Address (P.O. Box Number is Not Acceptable) 13727 MEADOW OAKS DR **DOVER, FL 33527** City 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 site if applicable. (NOTE: Registered Apart signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGR TITLE TITLE Defete □ Change ☐ Addition BONE, SUSAN C NAME NAME 13727 MEADOW OAKS DR STREET ADDRESS STREET ADDRESS **DOVER, FL 33527** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP IIILE ☐ Delete ☐ Chance ■ Addition NUME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-719 Delete TITLE ☐ Change ☐ Addition DILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete .... TITLE ☐ Change . ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

BIGHATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

Mar 16, 2006 8:00 am



## FLORIDA DEPARTMENT OF STATE Division of Corporations

February 28, 2006

TANKLESS HOT WATER OF POLK COUNTY, LLC 13727 MEADOW OAKS DR DOVER, FL 33527

Subject: TANKLESS HOT WATER OF POLK COUNTY, LLC

- Reference Number:

-L05000044887

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/CD ANNUAL REPORTS SECTION