

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000057887

Entity Name: STEVE FOX PLUMBING LLC

FILED  
Jan 06, 2008  
Secretary of State

**Current Principal Place of Business:**

317 SPRINGVIEW CIRCLE NW  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

317 SPRINGVIEW CIRCLE NW  
PORT CHARLOTTE, FL 33948

**New Mailing Address:**

FEI Number: 14-1931580      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FOX, STEPHEN A  
317 SPRINGVIEW CIRCLE NW  
PORT CHARLOTTE, FL 33948      US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: FOX, STEPHEN A  
Address: 317 SPRINGVIEW CIRCLE NW  
City-St-Zip: PORT CHARLOTTE, FL 33948

**ADDITIONS/CHANGES:**

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

Title: MGRM      ( ) Delete  
Name: FOX, CHARLENE  
Address: 317 SPRINGVIEW CIRCLE NW  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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: STEPHEN A. FOX

MGRM

01/06/2008

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