

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90193 020 \*\*\*\*50.00

**DOCUMENT # L05000076401**

1. Entity Name  
**JOE WEBB PLUMBING, & ROOFING, LLC**



Principal Place of Business  
~~17400 NE TERESA TERRACE STREET~~  
BLOUNTSTOWN, FL 32424 US

Mailing Address  
P.O. BOX 149  
BLOUNTSTOWN, FL 32424 US



04262007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-3548269</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

WEBB, JOE H  
17490 NE TERESA TERRACE STREET  
BLOUNTSTOWN, FL 32424

**DO NOT WRITE  
IN THIS SPACE**

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

*Joe Webb*

*Joe Webb*

*4-27-07*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	WEBB, JOE H
STREET ADDRESS	<del>17400 NE TERESA TERRACE STREET</del> P.O. 149
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424

TITLE	MGRM
NAME	PUENTE, MARIO A
STREET ADDRESS	P.O. BOX 1183
CITY - ST - ZIP	BRISTOL, FL 32321

TITLE	MGRM
NAME	RAPER, ROBERT
STREET ADDRESS	18894 NE HICKORY
CITY - ST - ZIP	BLOUNTSTOWN, FL 32424

TITLE	MGRM
NAME	MORRIS, JAY R
STREET ADDRESS	7160 LORRIE ANN LN.
CITY - ST - ZIP	GRAND RIDGE, FL 32442

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Joe Webb*

*4-27-07*

*143-8620*

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

Date

Daytime Phone #