

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 25, 2006 8:00 am
Secretary of State

08-25-2006 90050 046 ****50.00

DOCUMENT # L05000082572



1. Entity Name

COUNTY LINE PLUMBING, LLC

Principal Place of Business
19009 SE ROBERT DRIVE
TEQUESTA FL 33469

Mailing Address
19009 SE ROBERT DRIVE
TEQUESTA FL 33469



2. Principal Place of Business

19009 SE Robert Dr

3. Mailing Address

19009 SE Robert DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

TEQUESTA FLA

City & State

TEQUESTA FLA

4. FEI Number

262-35-9311

Applied For

Not Applicable

Zip

33469

Country

MARTIN

Zip

33469

Country

MARTIN

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HELMS, HOWARD K ESQ.
618 E. OCEAN BLVD., STE. 5
STUART FL 34994

7. Name and Address of New Registered Agent

Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GREEN, WILLIAM J
19009 SE ROBERT DRIVE
TEQUESTA FL 33469 ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP
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10. ADDITIONS / CHANGES

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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: *William J Green*

William J GREEN

21 Aug 06 561-745-1040

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

Date

Daytime Phone #