

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90250 005 *****50.00

DOCUMENT # L05000083328 1. Entity Name UNITED PLUMBING LLC			
Principal Place of Business 16914 COUNTY ROAD 50 WINTER GARDEN FL 34787		Mailing Address 16914 COUNTY ROAD 50 WINTER GARDEN FL 34787	
2. Principal Place of Business - No P.O. Box # 17225 S.E. 249 Terrace		3. Mailing Address 17225 S.E. 249 Terrace	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Umatilla FL		City & State Umatilla FL	
Zip 32784		Zip 32784	
Country USA		Country USA	
6. Name and Address of Current Registered Agent DUGAS, RUSTY J 16914 COUNTY ROAD 50 WINTER GARDEN FL 34787		4. FEI Number 20-3360305	
7. Name and Address of New Registered Agent Name United Plumbing LLC Street Address (P.O. Box Number is Not Acceptable) 17225 S.E. 249 Terrace City Umatilla FL Zip Code 32784		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)	
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 4-9-07 <small>Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME DUGAS, RUSTY	TITLE 	NAME
STREET ADDRESS 16914 COUNTY ROAD 50	CITY ST ZIP WINTER GARDEN FL 34787	STREET ADDRESS 	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY ST ZIP 	STREET ADDRESS 	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY ST ZIP 	STREET ADDRESS 	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE 	NAME 	TITLE 	NAME
STREET ADDRESS 	CITY ST ZIP 	STREET ADDRESS 	CITY ST ZIP
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:		4-9-07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>DATE</small>	