## 2007 LIMITED LIABILITY COMPA . FILED ANNUAL REPORT (AR) APR 17, 2007 8:00 am

DOCUMEN   # L05000083328   1. Entity Name		Secretary of State
UNITED PLUMBING LLC		04-17-2007 90250 005 ****50.00
Principal Place of Business Mailing Address	THE WE	
16914 COUNTY ROAD 50 16914 COUNTY ROAD 5 WINTER GARDEN FL 34787 WINTER GARDEN FL 34		A CHECKER SIN SERVER SHIPS BEITH BEITH BEITH BETTE LEIGE LINES WINS (LINE) LEISES ILL LEIS
2. Principal Place of Business - No P.O. Box # 3. Mailing Address	Te rean a	7 194/1947 91/ 95/91 2011; SOLIT SOLIT SOLIT SOLIT (4100 11100 141)9 11001 101005 11/ 1401
17225 S.F. 249 Tersage 1725.F. 249 Suile, Apr. #, etc. Suile, Apr. #, etc.	Terrace	1st MOORE
Dity & State 1 1 / City & State 1 /	=1	4. FEI Number Applied For
Unatilla F Unatilla F	Country ()	20-3360305   Not Applicable   \$5,00 Additional
32784 USA 32784 1	05H	5. Certificate of Status Desired Fee Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name United Town Sixty LLC		
DUGAS, RUSTY J 16914 COUNTY ROAD 50	Street Address	
WINTER GARDEN FL 34787	17263	J.G. LT J. Sud Te
	City	utilla FL Zip Code &ct
The above named entity submits this statement for the purpose of changing its rethe obligations of registered agont.	gistered office or registo	
SIGNATURE V		4-9-07
Signature, typed or printed rame of registered agent and ye i accircable (NOTE Registered Agent signature required when redistating)  FILE NOW!!! FEE IS \$50.00		
Make Check Payable to Florida Department of State		
Oue E  9. MANAGING MEMBERS/MANAGERS	By May 1, 2007	ADDITIONS/CHANGES
IIIE MGR Delete	me	Change Addition
NAM DUGAS, RUSTY SINICE ADDRESS 16914 COUNTY ROAD 50	NAME STREET ADORESS	
CITY ST 7IP WINTER GARDEN FL 34787	CHY ST AP	☐ Change ☐ Addition
NAM!	NAMI'	C vitality C Addition
STREET ADDRESS CITY ST 7/P	STREEL ADDRESS CHY-ST-7IP	
HILL: Delete	HAN.	Change Addition
SHRELADORLSS GIY SI ZIP	STREET ADDRESS	
THE Delete	TITLE	☐ Change ☐ Addition
NAME STREET ADDRESS	NAME STREET ADORESS	
CRY SE ZIP	CHY SI AP	
NAMI Delete	IU) II NAMI	Change Addition
STRELT ADDRESS CHY ST 74P	STREET ADDRESS CHY-SE-71P	
mis Delete	100	Change Addition
NAMI. STIFLE ADDRESS	NAMI SIRFEFADDRESS	
CITY-SI-ZIP	the exemptions contain	and in Socian 119 Elorida Statutos   further earlier that the information
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 effects if made under eath; that I am a managing member or manager of the limited liability company or the receiver or justed empowered to execute this report as required by Chapter 608, Florida Statutes.		
4-9-17		
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DOING DEVICE PRODUCT #		