2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
May 21, 2008 8:00 am
Secretary of State
05-21-2008 90205 042 ***138.75

DOCUMENT # L05000083328

1. Entity Name
UNITED PLUMBING LLC

Principal Place of Business	Mailing Address
17225 SE 249 TERRACE UMATILLA FL 32784	17225 SE 249 TERRACE UMATILLA FL 32784

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #: 17225 S.E. 249 Terrace
Suite, Apt. #, etc.
City & State: Umatilla Fl
Zip: 32784 Country: Marion

3. Mailing Address: Same
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20-3360305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
UNITES PLUMBING LLC
17225 SE 249 TERRACE
UMATILLA FL 32784

7. Name and Address of New Registered Agent
Name: Rusty Dugas
Street Address (P.O. Box Number is Not Acceptable): 17225 S.E. 249 Terrace
City: Umatilla FL Zip Code: 3278[illegible]

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] 4-28-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Add
NAME	DUGAS, RUSTY		NAME		
STREET ADDRESS	16914 COUNTY ROAD 50		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL 34787		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [signature] Rusty Dugas 4-28-08 (407)473-48[illegible] (352)669-83[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #