2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State
04-30-2007 90047 042 ****50.00

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1. Entity Name
NATIVE PLUMBING, LLC

Principal Place of Business	Mailing Address
840 PENMAN ROAD NEPTUNE BEACH, FL 32266	840 PENMAN ROAD NEPTUNE BEACH, FL 32266

04262007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1624 SUNSET DR	1624 SUNSET DR.
Suite, Apt #, etc	Suite, Apt #, etc
City & State: JACKSONVILLE BEACH, FL.	City & State: JACKSONVILLE BEACH, FL
Zip: 32250 Country:	Zip: 32250 Country:

4. FEI Number: 20-3355617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FIELDS, KEITH W 840 PENMAN ROAD NEPTUNE BEACH, FL 32266	Name: Street Address (P.O. Box Number is Not Acceptable): 1624 SUNSET DR. City: JACKSONVILLE BEACH . FL Zip Code: 32250

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

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIELDS, KEITH W 840 PENMAN ROAD NEPTUNE BEACH, FL 32266	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1624 SUNSET DR. JACKSONVILLE BEACH, FL. 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Keith W Fields KIETH W. FIELDS 4/26/07 904-588-6793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #