LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2006 8:00 am
Secretary of State

08-17-2006 90045 001 ****50.00

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CR2E083B (8/05)

DOCUMENT #L05000092591

1. Entity Name
David Alexander Plumbing LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	139 Walker Creek Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crawfordville FL	City & State: Crawfordville FL
Zip: 32327 Country: Wakulla	Zip: 32327 Country: Wakulla

4. FEI Number 593282433 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: David Alexander

Street Address (P.O. Box Number is Not Acceptable): 139 Walker creek Drive

City: Crawfordville FL Zip Code: 32327

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	Manager	TITLE	
NAME	David Alexander	NAME	
STREET ADDRESS	139 walker creek Drive	STREET ADDRESS	
CITY-ST-ZIP	Crawfordville FL 32327	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 8/15/06 850-933-6862
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #