L05000093443

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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SECRETARY OF STATE

COVER LETTER

	Amendment Section Division of Corporations						
SUBJECT: Statewide Plumbing Services, LLC (Name of Corporation)							
DOCUMENT NUMBER: L05000093443							
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Stephen J. Padula (Name of Cont	act Person)					
Padula Law Firm, LLC (Firm/Company)							
133 NW 16th Street, Suite A (Address)							
Boca Raton, Florida 33432							
(City/State and Zip Code)							
For further information concerning this matter, please call:							
Stephen	n J. Padula (Name of Contact Person)	at (561) 544-8900 (Area Code & Daytime Telephone Number)					
Enclosed is a \$35.00 check made payable to the Department of State.							
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301					



December 18, 2007

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Statewide Plumbing, LLC - Change of Registered Agent

Dear Sir or Madam:

Pursuant to your letter of December 13, 2007, enclosed please find a cover letter and completed Statement of Change of Registered Office for a Limited Liability Company. Please contact me with any questions.

Regards,

STEPHEN J. PADULA

For the Firm

SJP/ljh Enclosures



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 13, 2007

STEPHEN J PADULA PADULA LAW FIRM, LLC 133 NW 16TH ST - STE A BOCA RATON, FL 33432

SUBJECT: STATEWIDE PLUMBING SERVICES, LLC

Ref. Number: L05000093443

We have received your document for STATEWIDE PLUMBING SERVICES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Letter Number: 407A00069886

Tammy Hampton Regulatory Specialist II Registration/Qualification Section RECEIVED

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SECRETARE OF STATE.
TALLAHASSEE OF STATE.

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limit	ed liability company	y is: Statewide Plumbir	ng Services, LLC		·
2. The mailing address o	f the limited liabilit	y company is : 133 N	IW 16th Street, Suite E		
Boca Raton, Florida 3343	2 .				
09/22/2005		I 05	000093443		<u> </u>
3. Date of filing/registration in Florida		- 	Document number		
5. The name of the regist Florida Department of	ered agent and the r			ords of the	
·	Stephen J. Padı	ula			
		Name			
	350 East Las Ola	s Boulevard, Suite 9	<u> 180 - </u>		9
Address				07 DEC 20	SEVIDIVIS
Fort Lauderdale, Florida 33301				景	<u> </u>
	C	City, State and Zip		2	유물기
6. The name and address	of the new registere	ed agent and/or office	: :	O PM	CON CHECK
	Stephen J. Padul	la		H 2:	7806 1.S. 2
	Name			52	ATE ATE
	133 NW 16th Street, Suite A			2	*5
	Florida street add	lress (P.O. Box NOT	`acceptable)		
	Boca Raton	FL 33432			
	Cit	ty, State and Zip			
If the limited liability conconfirmed that after the cand the business office of liability company, it is he of the members of the lin or the operating agreements of the line of the operating agreements of the line of the operating agreements. (Printed or typed name of signed)	thange or changes at the registered agenereby confirmed that mited liability comput of the limited liab	re made, the Florida and will be identical. Out the change(s) was/veany or as otherwise polity company.	street address of the reg Dr, in the case of a Flor were authorized by an a	gistered off ida limited iffirmative	vote
I hereby accept the appo comply with the provisio and I am familiar with a Chapter 608, F.S. Or, if address, I hereby confirm	pintment as register ns of all statutes rela nd accept the obliga this document is be n that the limited lia	ed agent and agree to ative to the proper a titions of my position ing filed to merely re ibility company has b	o act in this capacity. I nd complete performan as registered agent as p flect a change in the re seen notified in writing	further agi ice of my di provided fo egistered of of this chai	ree to ities, r in fice nge.

(Signature of Registered Agent)