

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Apr 20, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000104626	
1. Entity Name EAST COAST LEAK DETECTORS, L.L.C.	

Principal Place of Business 5850 SUGAR PALM COURT, APARTMENT H DELRAY BEACH FL 33484	Mailing Address 5850 SUGAR PALM COURT, APARTMENT H DELRAY BEACH FL 33484
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number 54-2191207		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent YURICK, ROBERT P 5850 SUGAR PALM COURT, APARTMENT H DELRAY BEACH FL 33484		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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.

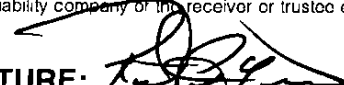
SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

U00000719208
05/01/07-80054-016 50.00

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM YURICK, ROBERT P 5850 SUGAR PALM COURT, APARTMENT H DELRAY BEACH FL 33484 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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:  **Robert P. Yurick** **4/16 07 9544446960**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #