

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000117920

Entity Name: S&P PLUMBING LLC

FILED
Nov 23, 2008
Secretary of State

Current Principal Place of Business:

4260 N.W. 1ST AVE, UNIT 57
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

4260 N.W. 1ST AVE, UNIT 57
BOCA RATON, FL 33431

New Mailing Address:

530NE33RDST
BOCARATON, FL 33431

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

POTTER, MICHAEL R
131NW13THST
STE38
BOCARATON, FL 33432 US

Name and Address of New Registered Agent:

POTTER, MICHAEL R
530NE33RDST
STE38
BOCARATON, FL 33431 US

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.

SIGNATURE: MICHAEL R POTTER

11/23/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIVALLS, JEFFREY L
Address: 4260 N.W. 1ST AVE, UNIT 57
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM () Delete
Name: POTTER, MICHAEL R
Address: 4260 N.W. 1ST AVE, UNIT 57
City-St-Zip: BOCA RATON, FL 33431

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R POTTER

MGR

11/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date