

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000121363**

1. Entity Name  
LITTLE PLUMBING, LLC



Principal Place of Business  
65 OAK AVENUE  
ORMOND BEACH, FL 32174

Mailing Address  
65 OAK AVENUE  
ORMOND BEACH, FL 32174



07052007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-2189593	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LITTLE, GUY J  
65 OAK AVENUE  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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 reinstalling) DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 14, 2007

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRP LITTLE, GUY J 65 OAK AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRS LITTLE, PAMELA S 65 OAK AVENUE ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LITTLE, JEREMY 15251 S. 50TH STREET APT. 3072 PHOENIX, AZ 85044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LITTLE, BRIAN 498 GOLF BOULEVARD DAYTONA BEACH, FL 32118
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

UD00000767553  
07/10/07-80009-006 50.00

**DO NOT WRITE  
IN THIS SPACE**

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 603, Florida Statutes.

**SIGNATURE:** X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/5/07

Date

386-677-7140

Daytime Phone #