

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90206 035 ***138.75

DOCUMENT # L06000004928

1. Entity Name
N S PLUMBING SUPPLIES LLC



Principal Place of Business
**1232 CANAL STREET
 NEW SMYRNA BEACH, FL 32168 US**

Mailing Address
**728 CANAL STREET
 NEW SMYRNA BEACH, FL 32168-6903 US**

60012647



DO NOT WRITE IN THIS SPACE

02112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4442683	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WEAVER, PHILIP
 728 CANAL STREET
 NEW SMYRNA BEACH, FL 32168-6903**

**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 reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEAVER, PHILIP 728 CANAL STREET NEW SMYRNA BEACH, FL 321686903
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**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 608, Florida Statutes.

SIGNATURE: *Philip Weaver* **Philip Weaver** *2/11/2008* **386-428-2315**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #