


**FILED**  
**May 30, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90339 048 \*\*\*150.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|  |   |                                 |   |  |  |
|--|---|---------------------------------|---|--|--|
| <b>DOCUMENT # L06000032655</b>   |   |                                 |   |   |  |
| 1. Entity Name<br>S. PLUMBING, LLC   |   |                                 |   |  |  |
| Principal Place of Business<br>299 AIRPORT ROAD NORTH<br>NAPLES, FL 34104  |   |                                 | Mailing Address<br>299 AIRPORT ROAD NORTH<br>NAPLES, FL 34104 |  |  |
| 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   | 4. FEI Number<br><b>20-4504859</b>   |  |
|  |   |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
|  |   |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br>HAYES, GARY F<br>299 AIRPORT ROAD NORTH<br>NAPLES, FL 34104   |   |                                 |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 reappointing) DATE _____   |   |                                 |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |   |                                 | Make check payable to<br>Florida Department of State          |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |   |                                 | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>HAYES, GARY F<br>299 AIRPORT ROAD NORTH<br>NAPLES, FL 34104 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| 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: <u>Gary F Hayes</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #   |   |                                 |   |  |  |