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007 LIMITED LIABILITY COMPA ANNUAL REPORT	NY	Apr 18, 2007 8:00 an Secretary of State
IMENT #1 06000059020		04-18-2007 90031 002 ****55 00

DOCL 1. Entity Name NM PLUMBING, LLC REDOCES Principal Place of Business Mailing Address 1484 AVON LANE, APT. 1223 1484 AVON LANE, APT. 1223 NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 02152007 CR2E083 (12/06) Chg-LLC City & State 4. FEI Number Applied For City & State X20-5060006 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORRIS, NIGEL Street Address (P.O. Box Number is Not Acceptable) 1484 AVON LANE, APT. 1223 NORTH LAUDERDALE, FL 33068 City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition MORRIS, NIGEL NAME NAME STREET ADDRESS 1484 AVON LANE, APT. 1223 STREET ADDRESS NORTH-LAUDERDALE, FL 33068 CITY-ST-ZIP CITY-ST-ZIP -TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78P CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

MANAGEY