

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000065480

FILED  
May 15, 2009  
Secretary of State

**Entity Name:** CENTRAL FLORIDA BACKFLOW, LLC

**Current Principal Place of Business:**

1995 ERVING CIRCLE  
7-301  
OCOE, FL 34761

**New Principal Place of Business:**

5106 CHIPPER COURT  
OCOE, FL 34761

**Current Mailing Address:**

1995 ERVING CIRCLE  
7-301  
OCOE, FL 34761

**New Mailing Address:**

5106 CHIPPER COURT  
OCOE, FL 34761

**FEI Number:** 86-1170628      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

DISS, ANTHONY J  
1995 ERVING CIRCLE  
7-301  
OCOE, FL 34761 US

**Name and Address of New Registered Agent:**

DISS, ANTHONY J  
5106 CHIPPER COURT  
OCOE, FL 34761 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: ANTHONY J DISS

05/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DISS, ANTHONY J  
Address: 1995 ERVING CIRCLE  
City-St-Zip: OCOE, FL 34761

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: DISS, ANTHONY J  
Address: 5106 CHIPPER COURT  
City-St-Zip: OCOE, FL 34761

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: ANTHONY J DISS

MR

05/15/2009

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