

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000068684

Entity Name: SCHUMACHER PLUMBING, LLC

FILED
Jan 04, 2007
Secretary of State

Current Principal Place of Business:

5734 JEFFREY POINT
HORMOSASSA, FL 34446

New Principal Place of Business:

5734 JEFFREY POINT
HOMOSASSA, FL 34446

Current Mailing Address:

5734 JEFFREY POINT
HORMOSASSA, FL 34446

New Mailing Address:

5734 JEFFREY POINT
HOMOSASSA, FL 34446

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAINHART, RICHARD
5734 JEFFREY POINT
HORMOSASSA, FL 34446 US

Name and Address of New Registered Agent:

MAINHART, RICHARD
5734 JEFFREY POINT
HOMOSASSA, FL 34446 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: RICHARD DARWIN MAINHART

01/04/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MAINHART, RICHARD D
Address: 5734 JEFFREY POINT
City-St-Zip: HORMOSASSA, FL 34446

Title: MGR (X) Delete
Name: SCHUMACHER, JAMES E
Address: 3711 N BROKEN ARROW TRAIL
City-St-Zip: HERNANDO, FL 34442

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MAINHART, RICHARD D
Address: 5734 JEFFREY POINT
City-St-Zip: HOMOSASSA, FL 34446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: RICHARD DARWIN MAINHART

MGR

01/04/2007

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