

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000084386

FILED
May 01, 2008
Secretary of State

Entity Name: DYNAMIC PLUMBING L.L.C.

Current Principal Place of Business:

6501 NW 29 TERR.
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

6501 NW 29 TERR
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 20-5448365 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:

Name and Address of New Registered Agent:

MCKISSICK, PAUL A
6501 NW 29 TERR
GAINESVILLE, FL 32653 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MCKISSICK, LEEANNE S
Address: 6501 NW 29 TERR
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGRM () Delete
Name: MCKISSICK, PAUL A
Address: 6501 NW 29TH TERR
City-St-Zip: GAINESVILLE, FL 32606

Title: MGRM () Delete
Name: MCKISSICK, JAMES F
Address: 6512 NW 29 STREET
City-St-Zip: GAINESVILLE, FL 32653

ADDITIONS/CHANGES:

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

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

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

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: PAUL MCKISSICK

MGR

05/01/2008

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