

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08 SEP 25 PM 2:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L06000085605
1. Entity Name
GARY MANTELL PLUMBING LLC



Principal Place of Business P.O. BOX 121 1927 S. 14TH STREET AMELIA ISLAND, FL 32034 US	Mailing Address P.O. BOX 121 1927 S. 14TH STREET AMELIA ISLAND, FL 32034 US
--	--

DO NOT WRITE IN THIS SPACE



09232008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5472484	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANTELL, GARY
2036 HIGHLAND DRIVE
FERNANDINA BEACH, FL 32034

DO NOT WRITE IN THIS SPACE

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 Gary Mantell CEO. DATE 9-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 09/25/08--01051--004 **143.75
000136346880

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MANTELL, GARY P.O. BOX 121, 1927 S. 14TH STREET AMELIA ISLAND, FL 32034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Gary Mantell Date 9.23.08 Daytime Phone # 904 335-0677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE