


2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000091940</b> 1. Entity Name <b>ACE LEAK DETECTION &amp; PLUMBING LLC</b>	
--	---

Principal Place of Business <b>4600 CYPRESS POND COURT NEW PORT RICHEY, FL 34653</b>	Mailing Address <b>4600 CYPRESS POND COURT NEW PORT RICHEY, FL 34653</b>
---	---

**DO NOT WRITE IN THIS SPACE**



03272008No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5574902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>FEWLESS, BRIAN L 4600 CYPRESS POND COURT NEW PORT RICHEY, FL 34653</b>
--

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

U000000876972  
04/11/08-80095-014 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FEWLESS, BRIAN L 4600 CYPRESS POND COURT NEW PORT RICHEY, FL 34653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM WILSON, CRAIG L 3328 FAIRMOUNT DRIVE HOLIDAY, FL 34691</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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:  **Brian Fewless** 3/28/08 727-967-5982  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #