2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90014 040 ***138.75

DOCUMENT # L06000095430

1. Entity Name
NORTHEASTERN PLUMBING & DRAIN CLEANING LLC

Principal Place of Business	Mailing Address
2335 NW DEL CORSO CT. PORT ST LUCIE FL ~~34953~~ 34986	2335 NW DEL CORSO CT. PORT ST LUCIE FL ~~34953~~ 34986
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 34986 / Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5627669 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROSEANNE
~~1880 SW SUCCESS STREET~~
~~PORT ST LUCIE FL 34953~~

address change.

7. Name and Address of New Registered Agent

Name Roseanne Greene
Street Address (P.O. Box Number is Not Acceptable) 2335 NW Del Corso Ct
City Port Saint Lucie FL Zip Code 34986

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] Roseanne Greene 4/15/08
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
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREENE, ROSEANNE ~~1880 SW SUCCESS STREET~~ ~~PORT ST LUCIE FL 34953~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2335 NW Del Corso Ct PSL, FL 34986	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GREENE, KEVIN W ~~1880 SW SUCCESS ST~~ ~~PORT SAINT LUCIE FL~~ 34953	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2335 NW Del Corso Ct PSL, FL 34986	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] -owner 4/15/08 (772)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #