

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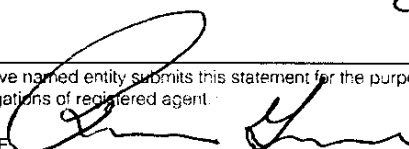
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/07)

4. FEI Number 20-5627669	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

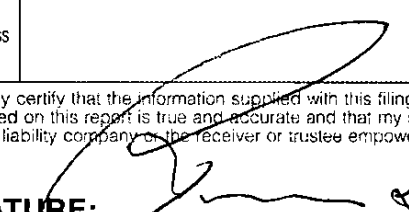
6. Name and Address of Current Registered Agent GREENE, ROSEANNE 1880 SW SUCCESS STREET PORT ST LUCIE FL 34953	7. Name and Address of New Registered Agent Name: <u>Roseanne Greene</u> Street Address (P.O. Box Number is Not Acceptable): <u>2335 NW Del Corso Ct</u> City: <u>Port Saint Lucie</u> FL Zip Code: <u>34986</u>
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address change:

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: 	ROSEANNE GREENE 4/15/08

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 Psc, 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 Psc, Fl 34986 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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:  -owner	4/15/08 (772)