

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90041 002 ****50.00

DOCUMENT # **L06000100500**
1. Entity Name

M. PLUM HOME IMPROVEMENTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
604 HEADWATERS LANE

Suite, Apt. #, etc

3. Mailing Address
604 HEADWATERS LANE

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL

City & State
ST. AUGUSTINE, FL

Zip
32092-2424

Country
ST. JOHNS

Zip
32092-2424

Country
ST. JOHNS

4. FEI Number
204443795189520591

Applied For
Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

MANAGING MEMBER

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEES \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
MATTHEW PLUM
604 HEADWATERS LANE
ST. AUGSTINE, FL 32092-2424

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)