

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000100500

1. Entity Name
M. PLUM HOME IMPROVEMENTS, LLC



FILED

09 JUN 22 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05282009 Chg-LLC CR2E083 (11/08)

4. FEI Number
18-9520591

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PLUM, MATTHEW G
604 HEADWATERS LANE
ST AUGUSTINE, FL 32092

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
Due by September 11, 2009**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME PLUM, MATTHEW G
STREET ADDRESS 604 HEADWATERS LANE
CITY-ST-ZIP ST AUGUSTINE, FL 32092

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME 800156273938
STREET ADDRESS 05/21/09--01014--013 **50.00
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 800156273938
STREET ADDRESS 06/23/09--01002--003 **138.75
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone

6/19/09 9:04
9463929



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 28, 2009

M. PLUM HOME IMPROVEMENTS, LLC
604 HEADWATERS LANE
ST AUGUSTINE, FL 32092

SUBJECT: M. PLUM HOME IMPROVEMENTS, LLC
Ref. Number: L06000100500

We have received your document for M. PLUM HOME IMPROVEMENTS, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the enclosed limited liability company annual report is \$138.75. If a certificate of status is desired, please add an additional \$5.00.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 109A00018017