2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000111077

1. Entity Name
PENSACOLA PLUMBING AND GAS LLC

Principal Place of Business	Mailing Address
9516 HILLVIEW ROAD PENSACOLA, FL 32514	9516 HILLVIEW ROAD PENSACOLA, FL 32514

DO NOT WRITE IN THIS SPACE

02162008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number NOT APPLICABLE	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LACEY, JAMES G
9516 HILLVIEW ROAD
PENSACOLA, FL 32514

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

U00000890798
04/22/08-80110-012 138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	LACEY, JAMES G
STREET ADDRESS	9516 HILLVIEW ROAD
CITY-ST-ZIP	PENSACOLA, FL 32514
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	
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: _____   April 5, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #