

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000112725

**Entity Name:** ALL PLUMBING AUTHORITY, LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

743 SW LAKE MONTGOMERY AVE.  
LAKE CITY, FL 320255190

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1475  
LAKE CITY, FL 32056

**New Mailing Address:**

743 SW LAKE MONTGOMERY AVE.  
LAKE CITY, FL 320255190

**FEI Number:** 20-5926397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAULKNER, LASTER C  
743 SW LAKE MONTGOMERY AVE.  
LAKE CITY, FL 32025 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FAULKNER, LASTER C  
Address: 743 SW LAKE MONTGOMERY AVE.  
City-St-Zip: LAKE CITY, FL 32025

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LASTER C FAULKNER

MGRM

04/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date