

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035718

FILED  
May 08, 2008  
Secretary of State

**Entity Name:** TOTAL COMFORT PLUMBING, LLC

**Current Principal Place of Business:**

4920 STATE ROAD 11  
DELEON SPRINGS, FL 32130

**New Principal Place of Business:**

400 N. U. S. HWY 1  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

4920 STATE ROAD 11  
DELEON SPRINGS, FL 32130

**New Mailing Address:**

400 N. U. S. HWY 1  
ORMOND BEACH, FL 32174

FEI Number: 20-8810157      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SMITH, HORACE JR.  
444 SEABREEZE BLVD., SUITE 900  
DAYTONA BEACH, FL 32118      US

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: MGR      ( ) Delete  
Name: HUCKS, DAVID P  
Address: 4920 STATE ROAD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: HUCKS, DANIEL P  
Address: 4920 STATE ROAD 11  
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DANIEL P. HUCKS

MGR

05/08/2008

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