

# 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:**

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