

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000068836

FILED  
Dec 06, 2009  
Secretary of State

**Entity Name:** CHUCK'S PLUMBING SERVICES, LLC

**Current Principal Place of Business:**

54346 ARMSTRONG RD.  
CALLAHAN, FL 32011

**New Principal Place of Business:**

**Current Mailing Address:**

54346 ARMSTRONG RD.  
CALLAHAN, FL 32011

**New Mailing Address:**

FEI Number: 26-0453776      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HEJDUK, CHARLES A JR.  
54346 ARMSTRONG RD  
CALLAHAN, FL 32011      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: CHARLES A HEJDUK JR

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: HEJDUK, CHARLES A JR.  
Address: 54346 ARMSTRONG RD  
City-St-Zip: CALLAHAN, FL 32011

Title: MGR      ( ) Delete  
Name: HEJDUK, CHRISTINE M  
Address: 54346 ARMSTRONG RD  
City-St-Zip: CALLAHAN, FL 32011

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CHRISTINE M HEJDUK

MRS.

12/06/2009

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