

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097011

FILED
Apr 18, 2008
Secretary of State

Entity Name: CENTRAL FLORIDA PLUMBING ACADEMY, L.L.C.

Current Principal Place of Business:

2119 W. COLUMBUS DRIVE
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

2119 W. COLUMBUS DRIVE
TAMPA, FL 33607

New Mailing Address:

FEI Number: 30-0445622 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, LIONEL
2119 W. COLUMBUS DRIVE
TAMPA, FL 33607 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 () Delete
Name: GONZALEZ, LIONEL
Address: 2119 W. COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: GONZALEZ, HENRY JR.
Address: 2119 W. COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33607

Title: MGRM () Delete
Name: GONZALEZ, JOSEPH
Address: 2119 W. COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: GONZALEZ, JOSEPH H
Address: 2119 W. COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33607

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: JOSEPH H. GONZALEZ

MGRM

04/18/2008

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