

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90035 034 ***138.75

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|--|---|--|---|--------------------------------------|--|
| DOCUMENT # L07000097426 1. Entity Name CHANNEL PLUMBING LLC | | | | | |
| Principal Place of Business 1838 SW NOTRE DAME AVENUE PORT SAINT LUCIE, FL 34953 US | | | Mailing Address 1838 SW NOTRE DAME AVENUE PORT SAINT LUCIE, FL 34953 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent MAGGI, JAMES A II 1838 SW NOTRE DAME AVENUE PORT SAINT LUCIE, FL 34953 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | | | | | |
| FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MAGGI, JAMES A II 1838 SW NOTRE DAME AVENUE PORT SAINT LUCIE, FL 34953 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SLUTSKY, THOMAS J 5414 SHANNON DRIVE FORT PIERCE, FL 34951 | <input type="checkbox"/> Delete | | | |
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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Thomas Slutsky</u> Thomas Slutsky | | Date: <u>4/30/08</u> | | Daytime Phone #: <u>772-515-6787</u> | |