

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114474

**FILED
May 24, 2010
Secretary of State**

Entity Name: CERTIFIED BACKFLOW TESTING LLC

Current Principal Place of Business:

4359 W BROWARD BLVD
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

4359 W BROWARD BLVD
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 90-0403990 **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:

ANDERSON, CLIVE
4359 W BROWARD BLVD
PLANTATION, FL 33317 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: MGRM
Name: ANDERSON, CLIVE
Address: 4359 W BROWARD BLVD
City-St-Zip: PLANTATION, FL 33317

I hereby 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: CLIVE ANDERSON

MANA

05/24/2010

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