

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000016117

**FILED**  
**Jun 16, 2011**  
**Secretary of State**

**Entity Name:** CDH PLUMBING LLC

**Current Principal Place of Business:**

12300 OAK FOREST LANE  
HUDSON, FL 34667

**New Principal Place of Business:**

12209 MAGNOLIA GROVE LANE  
HUDSON, FL 34667

**Current Mailing Address:**

P.O. BOX 7136  
HUDSON, FL 34674 US

**New Mailing Address:**

**FEI Number:** 90-0348579

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SMALLBIZ AGENTS, LLC  
4244 W. TENNESSEE ST.  
#185  
TALLAHASSEE, FL 32304 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:** MPAR  
**Name:** HENLINE, TIMOTHY W  
**Address:** 12300 OAK FOREST LANE  
**City-St-Zip:** HUDSON, FL 34667

**Title:** MGR  
**Name:** GALLAGHER, SHAWN L  
**Address:** 10037 ORLAND ST.  
**City-St-Zip:** NEW PORT RICHEY, FL 34654

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:** TIMOTHY WADE HENLINE

MPAR

06/16/2011

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