

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000049635

**FILED**  
**Feb 18, 2009**  
**Secretary of State**

**Entity Name:** J W FREEMAN PLUMBING LLC

**Current Principal Place of Business:**

7014 S.W. 17TH PLACE  
GAINESVILLE, FL, 32607

**New Principal Place of Business:**

25467 S.W. 1ST AVE  
NEWBERRY, FL 32669 US

**Current Mailing Address:**

7014 S.W. 17TH PLACE  
GAINESVILLE, FL, 32607

**New Mailing Address:**

P.O. BOX 140335  
GAINESVILLE, FL 32614 US

**FEI Number:** 26-2604248

**FEI Number Applied For** ( )

**FEI Number Not Applicable** ( )

**Certificate of Status Desired** (X)

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

FREEMAN, JAMES W  
7014 S.W. 17TH PLACE  
GAINESVILLE, FL 32607 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:** MGR ( ) Delete  
**Name:** FREEMAN, JAMES W  
**Address:** 7014 SW 17TH PL  
**City-St-Zip:** GAINESVILLE, FL 32607

**ADDITIONS/CHANGES:**

**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:** JAMES W. FREEMAN

MGR

02/18/2009

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