

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094440

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: TAYLERMADE PLUMBING, LLC

**Current Principal Place of Business:**

1008 HASTINGS CT  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

1008 HASTINGS CT  
LUTZ, FL 33548 US

**New Mailing Address:**

PO BOX 307  
LUTZ, FL 33549 US

FEI Number: 26-3492908

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLEMP, AARON  
1008 HASTINGS CT  
LUTZ, FL 33548 US

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

SLEMP, AARON W  
1008 HASTINGS CT  
LUTZ, FL 33548 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: AARON W. SLEMP

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SLEMP, AARON  
Address: 1008 HASTINGS CT  
City-St-Zip: LUTZ, FL 33548 US

Title: MGRM ( ) Delete  
Name: SLEMP, DOMINICA  
Address: 1008 HASTINGS CT  
City-St-Zip: LUTZ, FL 33548 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: SLEMP, AARON W  
Address: 1008 HASTINGS CT  
City-St-Zip: LUTZ, FL 33548 US

Title: MGRM (X) Change ( ) Addition  
Name: SLEMP, DOMINICA C  
Address: 1008 HASTINGS CT  
City-St-Zip: LUTZ, FL 33548 US

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: AARON W. SLEMP

MGRM

04/23/2009

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