2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# L08000106912

Entity Name: BLUEWATER PLUMBING AND DRAINS L.L.C

Current Principal Place of Business:

1023 E LLOYD ST
PENSACOLA, FL 32503 US

New Principal Place of Business:

Current Mailing Address:

1023 E LLOYD ST
PENSACOLA, FL 32503 US

New Mailing Address:

FEI Number: 26-5448365 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCKISSICK, DOUG F
1023 E LLOYD ST
PENSACOLA, FL 32503 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: MCKISSICK, DOUG F
Address: 1023 E LLOYD ST
City-St-Zip: PENSACOLA, FL 32503 US

Title: MGR ( ) Delete
Name: MCKISSICK, PAUL A
Address: 6501 NW 29 TERR
City-St-Zip: GAINESVILLE, FL 32653 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MCKISSICK, JAMES F
Address: 1157 BELDEN LN
City-St-Zip: GULF BREEZE, FL 32563 US

Title: MGR ( ) Change (X) Addition
Name: SUSAN, MCKISSICK M
Address: 1023 E LLOYD ST
City-St-Zip: PENSACOLA, FL 32503 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: DOUGLAS MCKISSICK MGR 04/26/2009

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