

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY

Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 SEP 27 PM 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000010614

1. Limited Liability Company's Name

EXCELLENT Plumbing LLC.

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

15755 SW 210TH ST.

Suite, Apt. #, etc.

3. Mailing Office Address

15755 SW 210TH ST

Suite, Apt. #, etc.

City & State

MIAMI, Florida

City & State

MIAMI, Florida

Zip

33170

Country

U.S.A.

Zip

33170

Country

U.S.A.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

9/30/2009

6. FEI Number

90-0441779

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

E-mail Address:

EXCELLENTPlumbing@INBOX.com

(To be used for future annual report notices)

8. Name and Address of Current Registered Agent

Name MICHAEL QUINTANA

Street Address (P.O. Box Number is Not Acceptable)

15755 SW 210TH ST

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33170

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Michael Quintana

Date 09/21/11

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEMBER</u> <u>Owner</u>	<u>MICHAEL QUINTANA</u>	<u>15755 SW 210TH ST MIAMI</u>	<u>MIAMI, FL 33170</u>

09/27/11--01013--024 **238.75

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09/27/11--01013--024 **238.75

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Michael Quintana

Date 9/21/11

Daytime Phone #

305-414-9082

Typed or printed name of signing Managing Member/Manager

MICHAEL QUINTANA