

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021920

**FILED**  
**Jan 04, 2011**  
**Secretary of State**

**Entity Name:** AUGUST PLUMBING VENTURES LLC

**Current Principal Place of Business:**

5559 NASSAU DRIVE  
BOCA RATON, FL 33487

**New Principal Place of Business:**

1500 WEST COPANS ROAD  
A-8  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

5559 NASSAU DRIVE  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 26-4400111

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

AUGUST, ANDREW E MR  
5559 NASSAU DRIVE  
BOCA RATON, FL 33487 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:** MGRM  
**Name:** AUGUST, SHERYL A  
**Address:** 5559 NASSAU DRIVE  
**City-St-Zip:** BOCA RATON, FL 33487

**Title:** MR  
**Name:** AUGUST, ANDREW E MR.  
**Address:** 5559 NASSAU DRIVE  
**City-St-Zip:** BOCA RATON, FL 33487

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:** ANDREW AUGUST

MR

01/04/2011

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