

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111179

**Entity Name:** ARK PLUMBING SERVICE LLC

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4021 E CARDINAL PINES DR  
MASCOTTE, FL 34753

**New Principal Place of Business:**

**Current Mailing Address:**

4021 E CARDINAL PINES DR  
MASCOTTE, FL 34753

**New Mailing Address:**

**FEI Number:** 27-1352452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TINKEY, RONALD L  
4021 E CARDINAL PINES DR  
MASCOTTE, FL 34753 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  
**Name:** TINKEY, RONALD L  
**Address:** 4021 E CARDINAL PINES DR  
**City-St-Zip:** MASCOTTE, FL 34753 US

**Title:** MGRM  
**Name:** TINKEY, AMANDA M  
**Address:** 4021 E CARDINAL PINES DR  
**City-St-Zip:** MASCOTTE, FL 34753 US

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:** RONNIE TINKEY

MGR

04/27/2010

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