

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000430

FILED
Apr 07, 2011
Secretary of State

Entity Name: PLUMBERS' SUCCESS INTERNATIONAL, LLC

Current Principal Place of Business:

PLAZA FIVE POINTS
50 CENTRAL AVE - STE 920
SARASOTA, FL 34236

New Principal Place of Business:

PLAZA FIVE POINTS
50 CENTRAL AVENUE, SUITE 920
SARASOTA, FL 34236

Current Mailing Address:

PLAZA FIVE POINTS
50 CENTRAL AVE - STE 920
SARASOTA, FL 34236

New Mailing Address:

PLAZA FIVE POINTS
50 CENTRAL AVENUE, SUITE 920
SARASOTA, FL 34236

FEI Number: 43-1845211

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CLARKWORK, INC.
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: P
Name: BOOSE, SCOTT
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: T
Name: MCMAHON, PATRICK
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: S
Name: SAN MIGUEL, CHARLIE
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

Title: AS
Name: HOLLINGSWORTH, SANDY
Address: 50 CENTRAL AVENUE, SUITE 920
City-St-Zip: SARASOTA, FL 34236

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: CHARLIE SAN MIGUEL

SECR

04/07/2011

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