

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082064

**Entity Name:** CENTERSTATE PLUMBING SERVICES, LLC

**Current Principal Place of Business:**

3023 BELLFLOWER WAY  
LAKELAND, FL 33811

**Current Mailing Address:**

PO BOX 6951  
LAKELAND, FL 33807-6951

**FEI Number:** 37-1611198

**Certificate of Status Desired:** No

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

FOWLER, WILLIAM J  
3023 BELLFLOWER WAY  
LAKELAND, FL 33811 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name FOWLER, WILLIAM J  
Address 3023 BELLFLOWER WAY  
City-State-Zip: LAKELAND FL 33811

Title MGRM  
Name FOWLER, JOSHUA D  
Address 4617 ESSEX AVENUE  
City-State-Zip: LAKELAND FL 33813

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J. FOWLER

**MANAGING MEMBER**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date