

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000109812

**Entity Name:** HIGH LOW PLUMBING SERVICES, LLC

**Current Principal Place of Business:**

5312 CINDY KAY DR.  
PLANT CITY, FL 33566

**Current Mailing Address:**

P.O. BOX 944  
SEFFNER, FL 33583

**FEI Number:** 45-0995121

**Certificate of Status Desired:** No

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

PATRIZZI, DENNIS  
5312 CINDY KAY DR  
PLANT CITY, FL 33566 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:** PATRIZZI, DENNIS

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PATRIZZI, DENNIS  
Address P.O. BOX 944  
City-State-Zip: SEFFNER FL 33583

*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:** DENNIS PATRIZZI JR

MGRM

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date