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: DAVID CLEMONS

SIGNATURE: Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	CLEMONS, DAVID R JR	Name	CLEMONS, BRITNEY N
Address	1296 SKAGWAY TERRACE	Address	1296 SKAGWAY TERRACE
City-State-Zip:	NORTH PORT FL 34291	City-State-Zip:	NORTH PORT FL 34291

2018 FLORIDA LIMITED LIABILITY COMPAN	NY ANNUAL REPORT

DOCUMENT# L17000076305

Entity Name: COASTAL PLUMBING OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

1296 SKAGWAY TERRACE NORTH PORT, FL 34251

Current Mailing Address:

1296 SKAGWAY TERRACE NORTH PORT, FL 34251 US

FEI Number: 82-1107179

Name and Address of Current Registered Agent:

CLEMONS, DAVID R JR 1296 SKAGWAY TERRACE NORTH PORT, FL 34291 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.

Certificate of Status Desired: No

04/26/2018 Date

Date

FILED Apr 26, 2018 Secretary of State CC4774493569

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER