

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098165

FILED
Jan 04, 2008
Secretary of State

Entity Name: A-2-Z HOME INSPECTION SERVICES LLC

Current Principal Place of Business:

445-26 STATE RD 13 N
SUITE 242
JACKSONVILLE, FL 322593838 US

New Principal Place of Business:

Current Mailing Address:

445-26 STATE RD 13 N
SUITE 242
JACKSONVILLE, FL 322593838 US

New Mailing Address:

FEI Number: 20-3590517 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HITT, PETER G MGR.
1089 NATURES HAMMOCK ROAD NORTH
JACKSONVILLE, FL 32259 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 () Delete
Name: HITT, PETER G
Address: 1089 NATURES HAMMOCK RD N
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: HITT, THERESE M
Address: 1089 NATURES HAMMOCK RD N
City-St-Zip: JACKSONVILLE, FL 322593837 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PETER G HITT MGR. 01/04/2008

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