


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90034 032 ****55.00

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DOCUMENT # L05000100008			
1. Entity Name BEE SAFE, HOME INSPECTION SERVICES, LLC			
Principal Place of Business 2770 FOUNTAIN VIEW CIRCLE #201 NAPLES, FL 34109		Mailing Address 2770 FOUNTAIN VIEW CIRCLE #201 NAPLES, FL 34109	
2. Principal Place of Business 2752 Fountain View Circle		3. Mailing Address 2752 Fountain View Circle	
Suite, Apt. #, etc. #206		Suite, Apt. #, etc. #206	
City & State NAPLES FLORIDA		City & State Naples Florida	
Zip 34109	Country USA	Zip 34109	Country USA.
4. FEI Number		04032006	Chg-LLC
5. Certificate of Status Desired		CR2E083 (11/05)	Applied For <input checked="" type="checkbox"/> Not Applicable
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LEVAN, TODD K 2770 FOUNTAIN VIEW CIRCLE #201 NAPLES, FL 34109		Name Levan, Todd K. Street Address (P.O. Box Number is Not Acceptable) 2752 FOUNTAIN VIEW CIRCLE #206 City Naples FL Zip Code 34109	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <u>Todd K. Levan</u>		DATE <u>4-4-06</u>	
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVAN, TODD K 2770 FOUNTAIN VIEW CIRCLE #201 NAPLES, FL 34109 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Levan, Todd K. 2752 Fountain View Circle #206 Naples FL. 34109 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Todd K. Levan</u>		DATE <u>4-4-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone # <u>239-777-7407</u>	