

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112700

**FILED**  
**Mar 01, 2006**  
**Secretary of State**

**Entity Name:** REST ASSURED HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

9100 COLLEGE POINTE COURT  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

9100 COLLEGE POINTE COURT  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-4399887

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRETT, JAY A  
9100 COLLEGE POINTE COURT  
FORT MYERS, FL 33919 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: ( ) Delete

Name:

Address:

City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition

Name: WHITBRED, WILLIAM L

Address: P.O. BOX 4425

City-St-Zip: PAGOSA SPRINGS, CO 81157

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM L. WHITBRED

MR

03/01/2006

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