

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000112700

**FILED**  
**Apr 17, 2007**  
**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:**

3122 SE 8TH PLACE  
CAPE CORAL, FL 33904

**Current Mailing Address:**

9100 COLLEGE POINTE COURT  
FORT MYERS, FL 33919

**New Mailing Address:**

3122 SE 8TH PLACE  
CAPE CORAL, FL 33904

**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: MR ( ) Delete  
Name: WHITBRED, WILLIAM L  
Address: P.O. BOX 4425  
City-St-Zip: PAGOSA SPRINGS, CO 81157

**ADDITIONS/CHANGES:**

Title: MR (X) Change ( ) Addition  
Name: WHITBRED, WILLIAM L  
Address: 3122 SE 8TH PLACE  
City-St-Zip: CAPE CORAL, FL 33904

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: W.L. WHITBRED

MGR.

04/17/2007

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