

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000120844

**Entity Name:** A2Z PROFESSIONAL INSPECTIONS, LLC.

**Current Principal Place of Business:**

1112 6TH STREET WEST  
PALMETTO, FL 34221

**Current Mailing Address:**

P.O. BOX 1165  
PALMETTO, FL 34220

**FEI Number:** 51-0561632

**Certificate of Status Desired:** No

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

MORIARTY & CHIOFALO, P.A.  
1001 3RD AVENUE WEST, SUITE 650  
BRADENTON, FL 34205 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.*

**SIGNATURE:** BRENDEN S MORIARTY

03/10/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FOY, MATTHEW  
Address P.O. BOX 1165  
City-State-Zip: PALMETTO FL 34220

Title MGRM  
Name FOY, CHRISTINE  
Address P.O. BOX 1165  
City-State-Zip: PALMETTO FL 34220

*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:** CHRISTINE FOY

OWNER

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date