#### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120844

Entity Name: A2Z PROFESSIONAL INSPECTIONS, LLC.

**FILED** Apr 02, 2019 **Secretary of State** 4476939478CC

# **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 04/02/2019

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

SIGNATURE: CHRISTINE FOY

Title MGRM Title **MGRM** 

FOY, MATTHEW Name FOY, CHRISTINE Name Address P.O. BOX 1165 Address P.O. BOX 1165

City-State-Zip: PALMETTO FL 34220 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.

**MGR** 

Electronic Signature of Signing Authorized Person(s) Detail