

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107696

**Entity Name:** ASSURANCE HOME INSPECTION SERVICES, LLC

**Current Principal Place of Business:**

1195 SARAH JEAN CIR. # I-104  
NAPLES, FL 34110

**Current Mailing Address:**

1195 SARAH JEAN CIR. # I-104  
NAPLES, FL 34110 US

**FEI Number: 45-3609875**

**Certificate of Status Desired: Yes**

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

GAITHER, WALTRUDIS M  
1195 SARAH JEAN CIR. #I-104  
NAPLES, FL 34110 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER AUTHORIZED MEMBER
Name	GAITHER, WALTRUDIS M	Name	GAITHER, PHILIP G
Address	1195 SARAH JEAN CIR. #I-104	Address	1215 SARAH JEAN CIR. #J-102
City-State-Zip:	NAPLES FL 34110	City-State-Zip:	NAPLES FL 34110

*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: WALTRUDIS M GAITHER**

**MGR**

**01/13/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date