

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107696

Entity Name: ASSURANCE HOME INSPECTION SERVICES, LLC

Current Principal Place of Business:

1449 MEDOC LN.
FORT MYERS, FL 33919

Current Mailing Address:

1449 MEDOC LN.
FORT MYERS, FL 33919

FEI Number: 45-3609875

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GAITHER, WALTRUDIS M
1449 MEDOC LN.
FORT MYERS, FL 33919 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
Name GAITHER, WALTRUDIS M
Address 1449 MEDOC LN.
City-State-Zip: FORT MYERS FL 33919

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

01/10/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date