#### 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. 05/01/2017

SIGNATURE: MARK J SUMMERS

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: PRIORITY ONE HOME INSPECTION SERVICES LLC **Current Principal Place of Business:**

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

932 LONGRIDGE CT. ORANGE PARK, FL 32065

### **Current Mailing Address:**

932 LONGRIDGE CT. ORANGE PARK. FL 32065

DOCUMENT# L16000127999

### FEI Number: 81-3255240

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

SUMMERS, MARK J 932 LONGRIDGE CT. ORANGE PARK, FL 32065 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

#### Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	SUMMERS, MARK J	Name	SUMMERS, MICHELLE R
Address	932 LONGRIDGE CT.	Address	932 LONGRIDGE CT.
City-State-Zip:	ORANGE PARK FL 32065	City-State-Zip:	ORANGE PARK FL 32065

OWNER

Certificate of Status Desired: No

Date

## FILED May 01, 2017 Secretary of State CC4100117958