2001 UNIFORM BUSINESS REPORT (UBR) **FILED** L00000002302 Jun 01, 2001 08:00 AM DOCUMENT # 1. Entity Name **Secretary of State** DUNN'S INSPECTION SERVICE, LLC Principal Place of Business Mailing Address 81 RAINS COURT 81 RAINS COURT PONCE INLET FL PONCE INLET FL 2. Principal Place of Business 3. Mailing Address 81 RAINS COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PONCE INLET PONCE INLET X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 32127 32127 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROBERT DUNN ROBERT 81 RAINS COURT Street Address (P.O. Box Number is Not Acceptable) 81 RAINS COURT PONCE INLET FLCity Zip Code PONCE INLET 8. 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. 06/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME DUNN ROBERT NAME Α STREET ADDRESS 81 RAINS COURT STREET ADDRESS CITY-ST-ZIP PONCE INLET \mathbf{FL} CITY-ST-ZIP ☐ Delete TITLE MGRM ☐ Change ☐ Addition DUNN CHRISTINE A NAME STREET ADDRESS 81 RAINS COURT STREET ADDRESS CITY-ST-ZIP PONCE INLET \mathbf{FL} CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. Christine A Dunn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06/01/2001

Daytime Phone #

CR2E083 (11/00)