

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90013 008 ***138.75

DOCUMENT # L00000007155

1. Entity Name

BUILDING INSPECTIONS AND SERVICES, LLC



Principal Place of Business

**403 DUARTE LANE
LADY LAKE FL 32159
US**

Mailing Address

**403 DUARTE LANE
LADY LAKE FL 32159
US**



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3657344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JENNESS, WILLIAM F
403 DUARTE LN
LADY LAKE FL 32159**

Name **JENNESS, WILLIAM F.**

Street Address (P.O. Box Number is Not Acceptable)
403 DUARTE LANE

City **LADY LAKE**

FL

Zip Code **32159**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **JENNESS, WILLIAM F**
STREET ADDRESS **211 LITTLER LANE**
CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **JENNESS, WILLIAM F.**
STREET ADDRESS **403 DUARTE LANE**
CITY-ST-ZIP **LADY LAKE, FLA. 32159**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: William F. Jenness; WILLIAM F. JENNESS **4/16/08 1-352-750-1186**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #