2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2007 8:00 am Secretary of State 03-14-2007 90208 009 ****55.00

DOCUMENT # L0100009384 1. Enlity Name EAGLE EYE INSPECTION SERVICES, LLC				Assista	03-14-200	7 90208 009	33.00
Principal Place of Business 2402 SAN REMO CIRCLE HOMESTEAD, FL 33035		Mailing Address P.O. BOX 970461 MIAMI, FL 33197			60023642		
2 Principal P	tace of Business - No P.O. Box #	3. Mailing Address					
Suite, Apt. #, etc.					ia Britai iiali aalii as iil as)	10 Bi iii 001
Suite, Apr. #, etc.		Suite, Apt. #, etc.		03052007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb			oplied For of Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required			
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New F		
			Name	Name			
STOREY, CLEVELAND J 2402 SAN REMO CIRCLE HOMESTEAD, FL 33035			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
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			City		FL Zip Code		
the obligat	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or b	oth, in the State of Fi	orida. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NOTE	E. Registered Agent signature requ	ired when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007						ke check payable to a Department of Stat	e
9.	MANAGING MEMBE	RS/MANAGERS	10.		ADDITIONS	/CHANGES	
TITLE	MGRM	☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS	STOREY, CLEVELAND J 2402 SAN REMO CIRCLE		NAME STREET ADDRESS				
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP				
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NAME STREET ADDRESS						☐ Change	Addition :
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CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP			∟ Change	Addition
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11. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.

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

3-9-87

305-620-2115 Daytime Phone #