LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State
04-08-2002 90209 026 ****50.00

DOCUMENT # L01000022765

1. Entity Name

INSPECS U.S.A., L.C.

937085

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2. Principal Place of Business	3. Mailing Address
1678 N. BELCHER Rd	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL.	City & State
Zip: 33765 Country: USA	Zip Country

4. FEI Number: 90-6003017 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: ROBERT WINN

Street Address (P.O. Box Number is Not Acceptable): 1678 N. Belcher Rd

City: Clearwater **FL** Zip Code: 33765

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	~~Rob~~ Manager	TITLE	
NAME	ROBERT WINN	NAME	
STREET ADDRESS	1678 N. Belcher Rd	STREET ADDRESS	
CITY-ST-ZIP	Clearwater, Fl. 33765	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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.

SIGNATURE: ROBERT WINN MGR MARY WINN VP 4-1-02 727-462-9667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #