

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90003 016 \*\*\*\*50.00

**DOCUMENT # L02000004076**



1. Entity Name  
**MASTER'S RESIDENTIAL AND COMMERCIAL INSPECTIONS, LLC**

Principal Place of Business  
**1380 S. FLAMINGO RD.  
DAVIE FL 33325**

Mailing Address  
**1380 S. FLAMINGO RD.  
DAVIE FL 33325**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**13-4205954**

Applied For

Not 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 and Address of New Registered Agent**

**ZOPPELT, ANDREW  
1380 S. FLAMINGO RD.  
DAVIE FL 33325**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

| TITLE | NAME                        | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|-----------------------------|----------------|-------------|---------------------------------|
|       | <b>MGRM</b>                 |                |             |                                 |
|       | <b>Celine M. Zoppelt</b>    |                |             |                                 |
|       | <b>1380 S. Flamingo Rd.</b> |                |             |                                 |
|       | <b>Davie, FL 33325</b>      |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |
|       |                             |                |             |                                 |

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
|       |      |                |             |                                 |                                   |
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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:**

**SIGNATURE REQUIRED**

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

Date

Daytime Phone #

**954**  
**423-9669**

CR2E083 (10/02)