

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000030761

1. Entity Name
HOMEDOCTORS HOME INSPECTION, LLC



Principal Place of Business
**713 SW 22ND TERRACE
FT LAUDERDALE, FL 33312**

Mailing Address
**713 SW 22ND TERRACE
FT LAUDERDALE, FL 33312**



04292005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

A. FEI Number
35-2187707

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIMON, ADRIAN C
713 SW 22ND TERRACE
FT LAUDERDALE, FL 33312**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

000000362980
05/05/05-80138-023 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SIMON, ISDELM I Q
713 S.W. 22 TERRACE
FORT LAUDERDALE, FL 33312**

TITLE
NAME
STREET ADDRESS
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:

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

Date

Daytime Phone #

Isdelmi Q Simon 4/29/05 9549278717