

LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:10

DOCUMENT # L03000003567

1. Entity Name
NORTH FLORIDA PROFESSIONAL HOME INSPECTORS, LLC.



Principal Place of Business
ROUTE 22, BOX 2943
LAKE CITY FL 32024

Mailing Address
ROUTE 22, BOX 2943
LAKE CITY FL 32024

SAME LOCATION New 911 Address's BELOW

2. Principal Place of Business
266 S.W. JAZLYNN PL

3. Mailing Address
266 S.W. JAZLYNN PL



MOORE CR2E083 (11/03)

City & State
Lake City FL

City & State
Lake City FL

Zip
32024

Country
Columbia

Zip
32024

Country
Columbia

4. FEI Number

Applied For
Not Applied

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

6. Name and Address of Current Registered Agent
LAWRENCE, GREGORY A ESQ.
300 WEST ADAMS STREET, SUITE 400
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent
Name ~~FEIN NOT APPLICABLE PER IRS. ONLY SS.~~
ON SOLE PROPRIETOR ON LLC (419-34-77)
Street Address (P.O. Box Number is Not Acceptable)
City
State
Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE 2-18-04

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addit
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President
Edwin A. Rose
Rt. 22, Box 2943
Lake City, FL 32024

600049198786
03/25/05--01059--015 **50.00

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:

386-752-067