2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000006926



FILED Mar 24, 2005 8:00 am Secretary of State

| STAFFORD INSPECTION & CONSULTING SERVICES, LLC | | | | | | | 03-24-200 | 5 90203 | 009 **** | 55.00 |
|---|--|--|---|---|--------------|----------------------------|--------------------------------|-------------|---|--|
| Principal Place of Business Mailing Address 14418 ROXANE DRIVE 14418 ROXANE DRIVE 0RLANDO, FL 32832 ORLANDO, FL 32832 | | | | | | : | | | 0245 | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | 01272005 | Chg-LLC | CR2I | E083 (10/03) | |
| City & State | | City & State | | | | 4. FEI Num 05-05 | | | | oplied For ot Applicable |
| Zip | Country | Zip Country | | try | | 5. Certificat | e of Status Desired | × | \$5.00 Add Fee Require | |
| • | 6. Name and Address of Current | Registered Agent | | | | 7. Name an | d Address of New | Registere | d Agent | |
| | | | | Name | | | | | | |
| 14418 RO | D, CHRISTINA XANE DR:), FL 32832 | | | Street A | ddress (F | P.O. Box Num | ber is Not Acceptat | ole) - | • | |
| | | | | City | | | | F | Zip Cod | 16 |
| | named entity submits this statement for ions of registered agent. | r the purpose of changing its | registere | ed office or | r register | ed agent, or b | oth, in the State of F | Torida. I a | m familiar with, | and accept |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. (NOTE | : Registered | d Agent signat. | ure required | when reinstating) | | DATE | | |
| | | | | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | | | | 1 | | payable to | |
| | | | | | | | | | ment of Stat | . |
| | | RS/MANAGERS | 10. | | | | Florid | da Depart | ment of Stat | 16 |
| Di | ue by May 1, 2005 | | | | MGR | (M | ADDITION | da Depart | tment of Stat | |
| 9. | ue by May 1, 2005 MANAGING MEMBE | RS/MANAGERS | 10. TITLE | | MGR | IM IRK HO | ADDITION | da Depart | ment of Stat | Addition |
| 9. | MANAGING MEMBE | | TITLE NAME | | MGR MA | RM IRK HC | ADDITION | da Depart | tment of Stat | |
| 9. TITLE NAME | MANAGING MEMBE MGR STAFFORD, CHRISTINA | | TITLE NAME STREE | E | 25 | rm IRK Ho 26 Highers | Florid | da Depart | tment of Stat | |
| 9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | MANAGING MEMBE MGR STAFFORD, CHRISTINA 14418 ROXANE DRIVE | | TITLE NAME STREE | E et adoress ·st-zip | 25 | IRK Ho 26 Hig | ADDITIONS PE Thland DR | da Depart | tment of Stat | |
| 9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME | MANAGING MEMBE MGR STAFFORD, CHRISTINA 14418 ROXANE DRIVE | ☐ Delete | TITLE NAME STREE CITY | E Et adoress - St-Zip | 25 | IRK Ho 26 Hig | ADDITIONS PE Thland DR | da Depart | ES Change | Addition |
| 9. TIFLE NAME STREET ADDRESS CITY-ST-ZIP TIFLE NAME STREET ADDRESS | MANAGING MEMBE MGR STAFFORD, CHRISTINA 14418 ROXANE DRIVE | ☐ Delete | TITLE NAME STREE CITY TITLE NAME STREE | E ET ADORESS - ST - ZIP E E ET ADORESS | 25 | IRK Ho 26 Hig | ADDITIONS PE Thland DR | da Depart | ES Change | Addition |
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Interest yearly that the information supplied with this fitting does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. If urther certify that the informatio indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: Chustra Staller Christing Stafford
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-22-05