

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006926

1. Entity Name
**STAFFORD INSPECTION & CONSULTING SERVICES,
LLC**



Principal Place of Business
**14418 ROXANE DRIVE
ORLANDO, FL 32832**

Mailing Address
**14418 ROXANE DRIVE
ORLANDO, FL 32832**



02102006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
05-0562359

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**STAFFORD, CHRISTINA
14418 ROXANE DR.
ORLANDO, FL 32832**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
STAFFORD, CHRISTINA
14418 ROXANE DRIVE
ORLANDO, FL 32832**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HOPE, MARK
2526 HIGHLAND DR
CONYERS, GA 30013**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1100000433553
02/24/06-80022-011 55.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Christina Stafford* **CHRISTINA STAFFORD** **2/10/06** **(407) 380-7914**

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

Date

Daytime Phone #