

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000006926

**FILED**  
**Feb 16, 2012**  
**Secretary of State**

**Entity Name:** STAFFORD INSPECTION & CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

14418 ROXANE DRIVE  
ORLANDO, FL 32832

**New Principal Place of Business:**

**Current Mailing Address:**

14418 ROXANE DRIVE  
ORLANDO, FL 32832

**New Mailing Address:**

**FEI Number:** 05-0562359

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

STAFFORD, CHRISTINA M  
14418 ROXANE DR.  
ORLANDO, FL 32832 US

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.

**SIGNATURE:** CHRISTINA M STAFFORD

02/16/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STAFFORD, CHRISTINA  
**Address:** 14202 NELL DR.  
**City-St-Zip:** ORLANDO, FL 32832

**Title:** MGRM  
**Name:** HOPE, MARK  
**Address:** 125 CARDINAL PT.  
**City-St-Zip:** MONTICELLO, GA 31064

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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 M STAFFORD

MGR

02/16/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date