

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90280 037 ****50.00

DOCUMENT # L03000008499

1. Entity Name
SOUTHERN HOME INSPECTORS, LLC



Principal Place of Business
163 SE POST CT.
LAKE CITY, FL 32025

Mailing Address
163 SE POST CT.
LAKE CITY, FL 32025

20007964



2. Principal Place of Business
163 S.E. POST CT.
Suite, Apt. #, etc.

3. Mailing Address
163 S.E. POST CT.
Suite, Apt. #, etc.

02032005 Chg-LLC CR2E083 (10/03)

City & State
LAKE CITY FL.
Zip
32025 Country
USA

City & State
LAKE CITY FL.
Zip
32025 Country
USA

4. FEI Number
01-0770745 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

COKER, NORMAN RAY
163 SE POST CT.
LAKE CITY, FL 32025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 *Norman Ray Coker*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-3-05
DATE

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COKER, JEFFREY WAYNE
163 SE POST CT.
LAKE CITY, FL 32024 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COKER, NORMAN RAY
163 SE PAST CT.
LAKE CITY, FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
MORRIS, TIMOTHY KAY
12958 S. US HWY 441
LAKE CITY, FL 32025 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
COKER, JEFFREY WAYNE
2590 S.W. KING ST.
LAKE CITY, FL 32024 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Norman Ray Coker **2-3-05 (386)** **719-6527**
Date Daytime Phone #