

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

5/3/2

FILED
Jun 17, 2004 8:00 am
Secretary of State

05-03-2004 90145 009 ****50.00

34008711



MOORE CR2E083 (11/03)

DOCUMENT # L03000022932 1. Entity Name THE STATE HOME INSPECTION & CONSTRUCTION SERVICES LIMITED LIABILITY COMPANY																													
Principal Place of Business 11356 REDBUD LANE BONITA SPRINGS FL 34135			Mailing Address 11356 REDBUD LANE BONITA SPRINGS FL 34135																										
2. Principal Place of Business		3. Mailing Address																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country																										
4. FE Number 81-0621038				Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required																													
6. Name and Address of Current Registered Agent MAURER, JOHN 11356 REDBUD LANE BONITA SPRINGS FL 34135			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: DATE: 4-28-04																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; padding: 2px;"> ☐ Delete MANAGER MAURER JOHN 11356 REDBUD LANE BONITA SPRINGS - FL 34135 </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Delete</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete MANAGER MAURER JOHN 11356 REDBUD LANE BONITA SPRINGS - FL 34135	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td> <td style="width: 70%; padding: 2px;"> ☐ Change ☐ Addition THIS IS A INACTIVE CO. STRUCTURED FOR LATER USE OR SALE </td> </tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> <tr><td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY- ST- ZIP</td><td style="padding: 2px;">☐ Change ☐ Addition</td></tr> </table>			TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition THIS IS A INACTIVE CO. STRUCTURED FOR LATER USE OR SALE	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: DATE: 4-28-04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													