

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000035716 1. Entity Name SMART CHOICE HOME INSPECTION LC.	
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Principal Place of Business 891 NW 111 AVENUE PLANTATION, FL 33324 US	Mailing Address 891 NW 111 AVENUE PLANTATION, FL 33324 US
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04212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0242024	Applying For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LA ROTTA, JAIRO F 891 NW 111 AVENUE PLANTATION, FL 33324
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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 _____ (To be signed by the person named as above, or by the authorized agent, or by the registered agent, or by the authorized agent of the registered agent.) DATE _____

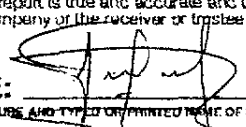
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LA ROTTA, JAIRO F 891 NW 111 AVENUE PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LA ROTTA, GERMAN A CLL 111#8A- 10 APT. 201 BOGOTA, CU 10 COL.
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LA ROTTA, FABIAN A 3323 COCOPLUM CIRCLE COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/25/05-80119-024 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:  **Fabian LaRotta** **4/21/05 954-709-696**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Date