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.

Principal Place of Business	Mailing Address
891 NW 111 AVENUE PLANTATION, FL 33324 US	891 NW 111 AVENUE PLANTATION, FL 33324 US

04212005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0242024
☐ Applied 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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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

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LA ROTTA, JAIRO F
STREET ADDRESS	891 NW 111 AVENUE
CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	MGRM
NAME	LA ROTTA, GERMAN A
STREET ADDRESS	CLL 111#8A-10 APT. 201
CITY-ST-ZIP	BOGOTA, CU 10 COL,
TITLE	MGRM
NAME	LA ROTTA, FABIAN A
STREET ADDRESS	3323 COCOPLUM CIRCLE
CITY-ST-ZIP	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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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: Fabian LaRotta 4/21/05 954-709-696
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone Number