

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045765

FILED  
Apr 05, 2004  
Secretary of State

**Entity Name:** LUSCIER INSPECTIONS, LLC.

**Current Principal Place of Business:**

3747 NW 66TH PLACE  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

**Current Mailing Address:**

3747 NW 66TH PLACE  
GAINESVILLE, FL 32653

**New Mailing Address:**

**FEI Number:** 20-0436655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GUY, CINDI L  
3747 NW 66TH PLACE  
GAINESVILLE, FL 32653 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GUY, CINDI L  
Address: 3747 NW 66TH PLACE  
City-St-Zip: GAINESVILLE, FL 32653

Title: MGR ( ) Delete  
Name: LUSCIER, MATTHEW T  
Address: 2505 SE 38TH STREET  
City-St-Zip: OCALA, FL 34480

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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:** CINDI GUY

MANA

04/05/2004

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