2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038935

1. Entity Name
HOME AND MOLD INSPECTION SERVICE OF FLORIDA, "LLC"

Principal Place of Business	Mailing Address
7829 SW 49TH PLACE GAINESVILLE, FL 32608 US	7829 SW 49TH PLACE GAINESVILLE, FL 32608 US

DO NOT WRITE IN THIS SPACE

01042006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
80-0109118

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FITZGERALD, PATRICK G
7829 SW 49TH PLACE
GAINESVILLE, FL 32608

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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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FITZGERALD, PATRICK G
STREET ADDRESS	7829 SW 49TH PLACE
CITY-ST-ZIP	GAINESVILLE, FL 32608
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Patrick G Fitzgerald 1/04/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #