FILED
May 19, 2005 8:00 am
Secretary of State

04-25-2005 90100 023 ****50.00

2005 LIMITED LIABI[LITY COMPAN]Y ANNUAL REP[O]RT (AR)

DOCUMENT # L04000049920

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1st MOORE CR2E083 (10/04)

1. Entity Name

A+ PLUS INSPECTION SERVICE, LLC

Principal Place of Business	Mailing Address
117 WEST HOWRY AVENUE DELAND FL 32720 US	P O BOX 1610 DELAND FL 32721-1610 US

2. Principal Place of Business	3. Mailing Address
1401 HAZEN ROAD	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND FL	City & State
Zip: 32720 Country: VOLUSIA	Zip Country

4. FEI Number: 34-2016388 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAISY, LARRY C
1401 HAZEN ROAD
DELAND FL 32720

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 Larry C Laisy LARRY C. LAISY 4-18-05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☒ Delete
NAME	BUCKNER, TONY C	
STREET ADDRESS	117 WEST HOWRY AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	MGR	☒ Delete
NAME	BUCKNER, LISA P	
STREET ADDRESS	117 WEST HOWRY AVENUE	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	MGRM	☒ Change ☐ Addition
NAME	LARRY C. LAISY	
STREET ADDRESS	1401 HAZEN ROAD DELAND FL 32720	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Lisa P Buckner LISA P BUCKNER 4-18-05 Larry C Laisy LARRY C. LAISY 4-18-05 386-717-6545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #