2005 LIMITED LIABILITY COMPANY

Mailing Address

3. Mailing Address

City & State

Suite, Apt. #, etc.

737 NW 37TH PLACE CAPE CORAL, FL 33993

ANNUAL REPORT

DOCUMENT # L04000066738

1. Entity Name
CARLSON INSPECTION SERVICES, LLC

Country

6. Name and Address of Current Registered Agent

Principal Place of Business

CAPE CORAL, FL 33993

2. Principal Place of Business

CARLSON, CRAIG A

737 NW 37TH PLACE CAPE CORAL, FL 33993

SIGNATURE:

737 NW 37TH PLACE

Suite, Apt. #, etc.

City & State

Zip



Country

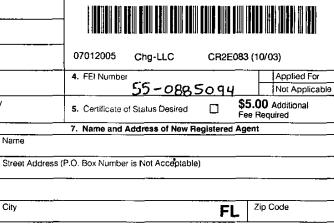
Name

City

FILED Jul 07, 2005 8:00 am Secretary of State

07-07-2005 90098 036 ****50.00

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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 .	Signature, typed or printed name of registered agent and	d title if applicable (NOTE.	Registered Agent signature required when reinstating)	DATE	
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	e
9.	MANAGING MEMBER	S/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLSON, CRAIG A 737 NW 37TH PLACE CAPE CORAL, FL 33993	Delete	IIILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleie	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CIFY-ST-ZIP		☐ Delete	ITILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-SI-ZIP	☐ Change	Addition
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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.					

G MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #