

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90083 008 ***138.75

DOCUMENT # L05000027091

1. Entity Name

DSD HOME INSPECTIONS LLC



Principal Place of Business

15 NORTH RD
PATTEN ME 04765
US

Mailing Address

15 NORTH RD
PATTEN ME 04765
US



2. Principal Place of Business - No P.O. Box #

25 Silver Fox Lane

Suite, Apt. #, etc.

P.O. Box 206

City & State

Old Town Maine

Zip

04468

Country

USA

3. Mailing Address

P.O. Box 206

Suite, Apt. #, etc.

Old Town Maine

City & State

Old Town Maine

Zip

04468

Country

USA

1st MOORE

CR2E083 (10/07)

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

A1A REGISTERED AGENT INC.
92 SADBERRY ROAD
QUINCY FL 32351

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 - Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete

NAME COLE, DANA L SR.

STREET ADDRESS 15 NORTH RD

CITY-ST-ZIP PATTEN ME 04765

TITLE MGR ☐ Delete

NAME COLE, DANA L JR.

STREET ADDRESS 15 NORTH RD

CITY-ST-ZIP PATTEN ME 04765

TITLE MGR ☐ Delete

NAME COLE, SHANE P

STREET ADDRESS 15 NORTH RD

CITY-ST-ZIP PATTEN ME 04765

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 ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/08

Date

Daytime Phone #