

LOS0000032073

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(Address)

(City/State/Zip/Phone #)

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2005 MAY 13 P 2:14
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ON TIME HOME INSPECTIONS LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

WILL VELEZ
(Name of Person)

ON TIME HOME INSPECTIONS LLC
(Firm/Company)

P.O. BOX 7126
(Address)

TAMPA FL 33673
(City/State and Zip Code)

For further information concerning this matter, please call:

WILL VELEZ at (813) 380-1299
(Name of Person) (Area Code & Daytime Telephone Number)

~~Enclosed is a check for the following amount:~~

| | | | |
|---|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|---|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

2005 JUN 17 P 2:14
RECEIVED
STATE OF FLORIDA
DIVISION OF CORPORATIONS

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: ON TIME HOME INSPECTION LLC
2. The mailing address of the limited liability company is : P.O. Box 7126
TAMPA FL 33673
3. Date of filing/registration in Florida 4/31/05
4. Document number L05000032073

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CARLOS ZAPATA
Name
3715 E. 7th AVE.
Address
TAMPA FL 33605
City, State and Zip

6. The name and address of the new registered agent and/or office:

LILLY Y. ZAITER
Name
4715 ELDORADO DR.
Florida street address (P.O. Box NOT acceptable)
TAMPA FL 33615
City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

WILBERTO VELAZ
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Lilly Y. Zaiter
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314