

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 009 \*\*\*\*\*50.00

**DOCUMENT # L05000034709**

1. Entity Name

H. F. F. HOME INSPECTIONS, LLC



Principal Place of Business

303 SOUTH ROAD  
#3  
FORT MYERS FL 33907

Mailing Address

303 SOUTH ROAD  
#3  
FORT MYERS FL 33907

2. Principal Place of Business

77 South 2nd St

3. Mailing Address

77 South 2nd St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(10/05)



City & State

Fort Myers FL

City & State

Fort Myers FL

4. FEI Number

N/A SINGLE MEMBER LLC

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMITH, WILLIAM R  
8191 COLLEGE PARKWAY  
#204  
FORT MYERS FL 33919

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 \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME FLOOD, HUNTER F.  
STREET ADDRESS 303 SOUTH ROAD, #3  
CITY-ST-ZIP FORT MYERS FL 33907 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM  
NAME FLOOD, HUNTER F.  
STREET ADDRESS 77 2nd St.  
CITY-ST-ZIP FORT MYERS FL 33907 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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]*

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

1/6/06 (20) C34-754

Date:

Daytime Phone #