

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052003

FILED  
Mar 12, 2011  
Secretary of State

Entity Name: FIRST FLORIDA HOME INSPECTION LLC

**Current Principal Place of Business:**

6488 SW 11TH ST  
WEST MIAMI, FL 33144

**New Principal Place of Business:**

6488 SW 11TH ST  
WEST MIAMI, FL 33144 US

**Current Mailing Address:**

6488 SW 11TH ST  
WEST MIAMI, FL 33144

**New Mailing Address:**

6488 SW 11TH ST  
WEST MIAMI, FL 33144 US

FEI Number: 84-1680625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MEDINA, YAMILA  
6488 SW 11TH ST  
WEST MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDINA, YAMILA  
Address: 6511 SW 44TH ST  
City-St-Zip: MIAMI, FL 33155 US

Title: VP  
Name: CHAVEZ, RICARDO  
Address: 601 SW 21 ST RD  
City-St-Zip: MIAMI, FL 33129 US

Title: SEC  
Name: MEDINA, YAMILA  
Address: 6511 SW 44 ST  
City-St-Zip: MIAMI, FL 33155 US

Title: SEC  
Name: MEDINA, YAMILA  
Address: 6511 SW 44 ST  
City-St-Zip: MIAMI, FL 33155 US

Title: TRE  
Name: MEDINA, YAMILA  
Address: 6511 SW 44 ST  
City-St-Zip: MIAMI, FL 33155 US

Title: MNG  
Name: MEDINA, YAMILA  
Address: 6511 SW 44 ST  
City-St-Zip: MIAMI, FL 33155 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: YAMILA MEDINA

MNG

03/12/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date