

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053089

FILED  
Jul 30, 2009  
Secretary of State

**Entity Name:** ANGLER HOME INSPECTIONS, L.L.C.

**Current Principal Place of Business:**

4705 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**New Principal Place of Business:**

4805 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**Current Mailing Address:**

4705 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**New Mailing Address:**

4805 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565

**FEI Number:** 02-0744684    **FEI Number Applied For ( )**    **FEI Number Not Applicable ( )**    **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

GRECO, FRANK J  
708 S. CHURCH AVE  
TAMPA, FL 33609    US

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

HAM, ALLEN J  
4805 SLEEPY HOLLOW LANE  
PLANT CITY, FL 33565    US

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: ALLEN J. HAM

07/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR    ( ) Delete  
**Name:** HAM, ALLEN J  
**Address:** 4705 SLEEPY HOLLOW LANE  
**City-St-Zip:** PLANT CITY, FL 33565

**ADDITIONS/CHANGES:**

**Title:**                    ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ALLEN J. HAM

MGR

07/30/2009

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