

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059554

**FILED**  
**Feb 15, 2012**  
**Secretary of State**

**Entity Name:** F Y I HOME INSPECTORS, LLC

**Current Principal Place of Business:**

450 106 ST RD 13 NORTH  
SUITE 183  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

450 106 ST RD 13 NORTH  
SUITE 183  
JACKSONVILLE, FL 32259

**New Mailing Address:**

**FEI Number:** 13-4312738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EKLUND, CAROL  
1 SEBASTIAN AVE  
SAINT AUGUSTINE, FL 32084 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:** CLEMENTS, CLIFFORD  
**Address:** 450 106 ST RD N. SUITE 183  
**City-St-Zip:** JACKSONVILLE, FL 32259

**Title:** MGRM  
**Name:** CLEMENTS, MELISSA  
**Address:** 450 106 ST RD N. SUITE 183  
**City-St-Zip:** JACKSONVILLE, FL 32259

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:** MELISSA CLEMENTS

MGRM

02/15/2012

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