

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000083659

1. Entity Name

347 - CERTIFIED INSPECTIONS LLC



Principal Place of Business

3474 LAKEVIEW DR
DELRAY BEACH, FL 33445

Mailing Address

3474 LAKEVIEW DR
DELRAY BEACH, FL 33445



04072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3354496

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

EAST, RALPH H
3474 LAKEVIEW DR
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
EAST, RALPH H
3474 LAKEVIEW DR
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EAST, LEONORA
3474 LAKEVIEW DR
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
EAST, DAWN M
1300 SABAL LAKES ROAD
DELRAY BEACH, FL 33445

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000726152
05/03/07-80051-013 150.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

04.19.2007

Date

561 4983

Daytime Phone #