

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000091456

**FILED**  
**Nov 20, 2006**  
**Secretary of State**

**Entity Name:** A PRO HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

4702 BAY BREEZE DRIVE  
GULF BREEZE, FL 32563 US

**New Principal Place of Business:**

**Current Mailing Address:**

4702 BAY BREEZE DRIVE  
GULF BREEZE, FL 32563 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'DONNELL, DAMON  
4702 BAY BREEZE DRIVE  
GULF BREEZE, FL 32563 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: DAMON O'DONNELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: O'DONNELL, DAMON  
Address: 4702 BAY BREEZE DRIVE  
City-St-Zip: GULF BREEZE, FL 32563 US

**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 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: DAMON O'DONNELL

MGRM

11/20/2006

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