

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102794

Entity Name: INSPECTION AVENUE LLC

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

16850-112 COLLINS AVENUE
286
SUNNY ISLES BEACH, FL 33160

New Principal Place of Business:

Current Mailing Address:

16850-112 COLLINS AVENUE
286
SUNNY ISLES BEACH, FL 33160

New Mailing Address:

FEI Number: 20-3644893 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:

FARHAD, FAREID
16850-112 COLLINS AVENUE
286
SUNNY ISLES BEACH, FL 33160 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 () Delete
Name: FARHAD, FAREID
Address: 16850-112 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FARHAD, FAREID
Address: 16850-112 COLLINS AVENUE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MGRM () Change (X) Addition
Name: AVENUE GROUP LLC,
Address: 16850-112 COLLINS AVENUE, SUITE 286
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: FAREID FARHAD

MGRM

05/01/2006

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