

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115481

FILED
Mar 07, 2006
Secretary of State

Entity Name: COASTAL QUALITY INSPECTIONS LLC

Current Principal Place of Business:

38 SPRINGVIEW DR.
SPRING CREEK, FL 32327 US

New Principal Place of Business:

Current Mailing Address:

38 SPRINGVIEW DR.
SPRING CREEK, FL 32327 US

New Mailing Address:

FEI Number: 14-1944802 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PASQUARELLI, DAVID A
38 SPRINGVIEW DR.
SPRING CREEK, FL 32327 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: MGR () Delete
Name: PASQUARELLI, DAVID A
Address: 38 SPRINGVIEW DR.
City-St-Zip: SPRING CREEK, FL 32327 US

Title: MGRM () Delete
Name: BURK, JUDE A
Address: 38 SPRINGVIEW DR.
City-St-Zip: SPRING CREEK, FL 32327 US

ADDITIONS/CHANGES:

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

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: JUDE A. BURK

MGRM

03/07/2006

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