2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-29-2008 90064 049 ***138.75
L06000056258 FILED
DIVISION OF CORPORATIONS
08 JUL 29 PM 12:26

DOCUMENT # L06000056258

1. Entity Name
J.S. HOME INSPECTIONS, LLC

Principal Place of Business	Mailing Address
1375 SATSUMA RD JACKSONVILLE, FL 32259	1375 SATSUMA RD JACKSONVILLE, FL 32259

DO NOT WRITE IN THIS SPACE

01142008No Chg-LLC CR2E083 (12/07)

4. FEI Number
14-1965742

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

STYPULKOWSKI, JOZEF
1375 SATSUMA RD
JACKSONVILLE, FL 32259

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STYPULKOWSKI, JOZEF
STREET ADDRESS	1375 SATSUMA RD
CITY-ST-ZIP	JACKSONVILLE, FL 32259
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

Paid 1-20-08
Ck # 3527
$ 138.75

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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: Jozef Stypulkowski 1-20-08 904-742-7237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #