

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000056988

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** OI BUILDING TESTING & INVESTIGATION, LLC

**Current Principal Place of Business:**

721 A1A BEACH BLVD.  
SUITE 7  
ST. AUGUSTINE, FL 32080 US

**New Principal Place of Business:**

**Current Mailing Address:**

721 A1A BEACH BLVD.  
SUITE 7  
ST. AUGUSTINE, FL 32080 US

**New Mailing Address:**

**FEI Number:** 20-4981465      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROWE, SHAWN B  
890 A1A BEACH BLVD.  
#29  
ST. AUGUSTINE, FL 32080 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  
**Name:** ROWE, SHAWN B  
**Address:** 890 A1A BEACH BLVD., #29  
**City-St-Zip:** ST. AUGUSTINE, FL 32080 US

**Title:** MGR  
**Name:** ROWE, JENNIFER  
**Address:** 890 A1A BEACH BLVD #29  
**City-St-Zip:** ST AUGUSTINE, FL 32080 US

I hereby 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: SHAWN B ROWE

MGRM

02/04/2010

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