

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000088658

**FILED**  
**Oct 08, 2007**  
**Secretary of State**

**Entity Name:** SKK HOME INSPECTIONS LLC

**Current Principal Place of Business:**

1350 CHERRY BARK ROAD  
APOPKA, FL 32703 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 947735  
MAITLAND, FL 32794 US

**New Mailing Address:**

**FEI Number:** 20-5533790 **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:**

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

KING, SHANNON K  
1350 CHERRY BARK ROAD  
APOPKA, FL 32703 US

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:** SHANNON K KING

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Delete  
**Name:** KING, SHANNON K  
**Address:** 1350 CHERRY BARK ROAD  
**City-St-Zip:** APOPKA, FL 32703 US

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

**Title:** MGR ( ) Delete  
**Name:** KING, JOHN  
**Address:** 1350 CHERRY BARK ROAD  
**City-St-Zip:** APOPKA, FL 32703 US

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

I hereby certify that the information supplied with this filing does not qualify 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:** SHANNON K KING

MGR

10/08/2007

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