

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000113194

Entity Name: O2 INSPECTION COMPANY, LLC

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

10901 BRIGHTON BAY BLVD. NE
SUITE 5309
ST PETERSBURG, FL 33716

New Principal Place of Business:

4625 W EUCLID AVE
TAMPA, FL 33629

Current Mailing Address:

10901 BRIGHTON BAY BLVD. NE
SUITE 5309
ST PETERSBURG, FL 33716

New Mailing Address:

4625 W EUCLID AVE
TAMPA, FL 33629

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUNLAND, MALIA R
10901 BRIGHTON BAY BLVD NE
SUITE 5309
ST PETERSBURG, FL 33716 US

Name and Address of New Registered Agent:

POWERS, MALIA R
4625 W EUCLID AVE
TAMPA, FL 33629 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: MALIA R POWERS

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RUNLAND, MALIA
Address: 10901 BRIGHTON BAY BLVD NE, SUITE 5309
City-St-Zip: ST PETERSBURG, FL 33716

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: POWERS, MALIA R
Address: 4625 W EUCLID AVE
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Change (X) Addition
Name: POWERS, BARRY C
Address: 4625 W EUCLID AVE
City-St-Zip: TAMPA, FL 33629

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: MALIA R POWERS

MGRM

04/28/2009

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