

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115434

FILED  
Jul 07, 2008  
Secretary of State

**Entity Name:** FISCO FIELD INSPECTION SERVICES COMPANY, LLC

**Current Principal Place of Business:**

3391 TUCSON RD  
NORTH PORT, FL 34286

**New Principal Place of Business:**

**Current Mailing Address:**

3391 TUCSON RD  
NORTH PORT, FL 34286

**New Mailing Address:**

**FEI Number:** 20-8003466      **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:**

ALTUCHOFF, JOANNE D  
3391 TUCSON RD  
NORTH PORT, FL 34286      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: P      ( ) Delete  
Name: ALTUCHOFF, JOANNE  
Address: 3391 TUCSON RD  
City-St-Zip: NORTH PORT, FL 34286

Title: P      ( ) Delete  
Name: ALTUCHOFF, JOANNE  
Address: 3391 TUCSON ROAD  
City-St-Zip: NORTH POORT, FL 34286

**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 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: JOANNE ALTUCHOFF

PRES

07/07/2008

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