

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117258

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** CARTER PIPE INSPECTIONS, LLC

**Current Principal Place of Business:**

8682 SHIRERIDGE LOOP  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

1190 J CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

P.O. BOX 181421  
TALLAHASSEE, FL 32318

**New Mailing Address:**

1190 J CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32301

**FEI Number:** 20-8071137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

THOMPSON, SUSAN S ESQ.  
3520 THOMASVILLE ROAD  
TALLAHASSEE, FL 32309 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 ( ) Delete  
Name: CARTER, BILLY  
Address: 8682 SHIRERIDGE LOOP  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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: BILLY CARTER

PRES

01/15/2009

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