

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000071389

FILED
Jun 10, 2008
Secretary of State

Entity Name: BANKERS MAINTENANCE AND INSPECTION, LLC

Current Principal Place of Business:

485 12TH STREET S.E.
VERO BEACH, FL 32962

New Principal Place of Business:

Current Mailing Address:

485 12TH STREET S.E.
VERO BEACH, FL 32962

New Mailing Address:

FEI Number: 26-0501508 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:

BARRY G. SEGAL, P.A.
621 17TH STREET
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

HOOKE, BARBARA
485 12TH STREET S.E.
VERO BEACH, FL 32962 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: BARBARA HOOKER

06/10/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HOOKER, MICHAEL
Address: 485 12TH STREET S.E.
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM () Delete
Name: ABBEY, BERT
Address: 485 12TH STREET S.E.
City-St-Zip: VERO BEACH, FL 32962

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HOOKER, BARBARA
Address: 485 12TH STREET S.E.
City-St-Zip: VERO BEACH, FL 32962

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: BARBARA HOOKER

MGRM

06/10/2008

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