

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111727

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: HOME INSPECTIONS SURVEY LLC

## Current Principal Place of Business:

8010 ALAMANDA COURT  
LEHIGH ACRES, FL 33936

## New Principal Place of Business:

8010 ALAMANDA COURT  
LEHIGH ACRES, FL 33972

## Current Mailing Address:

8010 ALAMANDA COURT  
LEHIGH ACRES, FL 33936

## New Mailing Address:

8010 ALAMANDA COURT  
LEHIGH ACRES, FL 33972

FEI Number: 22-3971141

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: MGR ( ) Delete  
Name: KAKLIAS, VASSILIOS  
Address: 8010 ALAMANDA COURT  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: S (X) Delete  
Name: KAKLIAS, VASSILIOS  
Address: 8010 ALAMANDA COURT  
City-St-Zip: LEHIGH ACRES, FL 33936

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: KAKLIAS, VASSILIOS - MGR  
Address: 8010 ALAMANDA COURT  
City-St-Zip: LEHIGH ACRES, FL 33972

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: VASSILIOS KAKLIAS

MGR

03/20/2009

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