

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027184

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: ASSURED INSPECTIONS, LLC

**Current Principal Place of Business:**

207 CROSS STREET  
PUNTA GORDA, FL 33950 US

**New Principal Place of Business:**

**Current Mailing Address:**

207 CROSS STREET  
PUNTA GORDA, FL 33950 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

SMITH, DONA A  
207 CROSS STREET  
PUNTA GORDA, FL 33950 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: SMITH, DONA A  
Address: 207 CROSS STREET  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM ( ) Delete  
Name: HAGERMAN, JOHN J  
Address: 1411 WINDING OAK DR.  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: HAGERMAN, JOHN J  
Address: 207 CROSS ST.  
City-St-Zip: PUNTA GORDA, FL 33950 US

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: DONA A. SMITH

MGR

04/29/2009

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