

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000036115

FILED
Apr 30, 2009
Secretary of State

Entity Name: DONN'S COMPLETE HOME INSPECTION SERVICES LLC

Current Principal Place of Business:

4111 GUNNISON CT.
#1212
ESTERO, FL 33928

New Principal Place of Business:

20606 OAHU CIR.
ESTERO, FL 33928

Current Mailing Address:

4111 GUNNISON CT.
#1212
ESTERO, FL 33928

New Mailing Address:

20606 OAHU CIR.
ESTERO, FL 33928

FEI Number: 26-2367618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMER, DONN T JR.
4111 GUNNISON CT.
#1212
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

RAMER, DONN T JR.
20606 OAHU CIR.
ESTERO, FL 33928 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: DONN T. RAMER JR.

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RAMER, DONN T JR.
Address: 4111 GUNNISON CT. #1212
City-St-Zip: ESTERO, FL 33928

Title: MGR (X) Delete
Name: GRADY, MAUREEN E
Address: 11641 RED HIBISCUS DR.
City-St-Zip: BONITA SPRINGS, FL 34135

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RAMER, DONN T JR.
Address: 20606 OAHU CIR.
City-St-Zip: ESTERO, FL 33928

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: DONN T. RAMER JR.

MGR

04/30/2009

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