

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070242

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** HOME INVENTORY SPECIALIST OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

7714 ROLLING GROVE DR. E  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

2270 GRIFFIN ROA #312  
LAKELAND, FL 338105565

**New Mailing Address:**

2270 GRIFFIN ROAD  
#312  
LAKELAND, FL 338105565

**FEI Number:** 26-3108729

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOMMERS, JO  
7714 ROLLING GROVE DR. E  
LAKELAND, FL 33810 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: SOMMERS, JO  
Address: 7714 ROLLING GROVE DR. E.  
City-St-Zip: LAKELAND, FL 33810

**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: JO SOMMERS

MGR

04/07/2009

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