

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073289

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** FIRE DOOR INSPECTION SPECIALISTS, LLC

**Current Principal Place of Business:**

1850 SW HACKMAN TERRACE  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

1850 SW HACKMAN TERRACE  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 80-0229650

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOMSKY, ALEX III  
1850 SW HACKMAN TERRACE  
STUART, FL FL 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: MGRM ( ) Delete  
Name: DOMSKY, ALEX III  
Address: 1850 SW HACKMAN TERRACE  
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete  
Name: DOMSKY, KELLY  
Address: 1850 SW HACKMAN TERRACE  
City-St-Zip: STUART, FL 34997

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: DOMSKY, ALEX III  
Address: 1850 SW HACKMAN TERRACE  
City-St-Zip: STUART, FL 34997

Title: PRES (X) Change ( ) Addition  
Name: DOMSKY, KELLY  
Address: 1850 SW HACKMAN TERRACE  
City-St-Zip: STUART, FL 34997

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: ALEX DOMSKY

CEO

01/15/2009

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