

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000081036

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** ALL INCLUSIVE INSPECTION & REPAIR, LLC

**Current Principal Place of Business:**

12309 E COLONIAL DR  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

**Current Mailing Address:**

1522 ENSENADA DR  
ORLANDO, FL 32825 US

**New Mailing Address:**

**FEI Number:** 26-3250025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAX CARE INC  
417 CENETR POINTE CIRCLE  
1737  
ALTAMONTE, FL 32701 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: P  
Name: RAMIREZ, ERIK  
Address: 1522 ENSENADA DR  
City-St-Zip: ORLANDO, FL 32825 US

I hereby 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: ERIK RAMIREZ

PRES

04/09/2012

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