

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095024

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CERTIFIED HOME INSPECTIONS OF TALLAHASSEE LLC

**Current Principal Place of Business:**

4947 E SHANNON LAKES DR  
TALLAHASSEE, FL 32309 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 14012  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 26-3537843      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CUMMINGS, ALLAN  
1004 DE SOTO PARK DRIVE  
TALLAHASSEE, FL 32301 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  
**Name:** FLEMMING, MICHAEL S  
**Address:** 4947 E SHANNON LAKES DR  
**City-St-Zip:** TALLAHASSEE, FL 32309 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: MICHAEL FLEMMING      MGR      01/05/2010

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