

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000095659

Entity Name: WIND-EZE INSPECTIONS, LLC

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1877 N. HIGHLAND AVENUE  
TARPON SPRINGS, FL 34688

## **New Principal Place of Business:**

3048 KAPOK KOVE DR  
CLEARWATER, FL 33759

## **Current Mailing Address:**

1877 N. HIGHLAND AVENUE  
TARPON SPRINGS, FL 34688

## **New Mailing Address:**

3048 KAPOK KOVE DR  
CLEARWATER, FL 33759

FEI Number: 26-3525011

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DRIS, MICHAEL E ESQ.  
29 N. PINELLAS AVENUE  
TARPON SPRINGS, FL 34689 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  
Name: SCARTOZZI, ROBERT A  
Address: 3048 KAPOK KOVE DR.  
City-St-Zip: CLEARWATER, FL 33759

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: ROBERT SCARTOZZI

MGRM

03/15/2011

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