

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000041237

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

**Entity Name:** ABSOLUTE HOME INSPECTIONS OF FLORIDA LLC

**Current Principal Place of Business:**

1019 SW 56TH ST  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

**Current Mailing Address:**

1019 SW 56TH ST  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 27-1424029      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MCARDLE, MICHAEL D  
1019 SW 56TH ST  
CAPE CORAL, FL 33914      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:** MCARDLE, MICHAEL D  
**Address:** 1019 SW 56TH ST  
**City-St-Zip:** CAPE CORAL, FL 33914

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 D MCARDLE      MR      01/05/2010

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