

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000045185

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Entity Name:** GET THE FACTS HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

4446 WINDING RIVER DRIVE  
VALRICO, FL 33596 US

**New Principal Place of Business:**

**Current Mailing Address:**

4446 WINDING RIVER DRIVE  
VALRICO, FL 33596 US

**New Mailing Address:**

4446 WINDING RIVER DR  
VALRICO, FL 33596 FL

**FEI Number:** 27-0317654

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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: JOSEPH J. SVEHLA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SVEHLA, JOSEPH J  
Address: P.O. BOX 6118  
City-St-Zip: BRANDON, FL 33508 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: JOSEPH J. SVEHLA

OWN

11/02/2010

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