

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000055584

**FILED**  
**Jan 19, 2011**  
**Secretary of State**

**Entity Name:** C. CLAWSON INSPECTION SERVICES, LLC

**Current Principal Place of Business:**

3441 NW 21 STREET  
COCONUT CREEK, FL 33066 US

**New Principal Place of Business:**

**Current Mailing Address:**

3441 NW 21 STREET  
COCONUT CREEK, FL 33066 US

**New Mailing Address:**

**FEI Number:** 27-0338285

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CLAWSON, PATRICIA E  
6611 N WOODRIDGE DRIVE  
PARKLAND, FL 33067 US

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

CLAWSON, PATRICIA E  
3887 TREE TOP DRIVE  
WESTON, FL 33332 US

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:** PATRICIA E. CLAWSON

01/19/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** CLAWSON, CHRISTINE A  
**Address:** 3441 NW 21 STREET  
**City-St-Zip:** COCONUT CREEK, FL 33066 US

**Title:** MGR  
**Name:** CLAWSON, PATRICIA E  
**Address:** 3887 TREE TOP DRIVE  
**City-St-Zip:** WESTON, FL 33332

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:** PATRICIA E. CLAWSON

MGR

01/19/2011

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