

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000025894

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** CROSSROAD INSURANCE INSPECTIONS LLC

**Current Principal Place of Business:**

5942 RIVER ROAD  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5942 RIVER ROAD  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

**FEI Number:** 27-2088806

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HATCHER, DEAN  
5942 RIVER ROAD  
NEW PORT RICHEY, FL 34652 US

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

HATCHER, FELIX D  
5942 RIVER ROAD  
NEW PORT RICHEY, FL 34652 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: FELIX DEAN HATCHER

04/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HATCHER, FELIX D  
Address: 5942 RIVER ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34652 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: FELIX DEAN HATCHER

MGRM

04/01/2011

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