

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000077292

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA STATEWIDE FIRE INSPECTION L.L.C.

**Current Principal Place of Business:**

16465 NE 15TH AVE STE 276  
NORTH MIAMI BEACH, FL 33162

**New Principal Place of Business:**

**Current Mailing Address:**

16465 NE 15TH AVE STE 276  
NORTH MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 80-0630868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ZABARI, TOMER  
16465 NE 15TH AVE STE 276  
NORTH MIAMI BEACH, FL 33162 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: ZABARI, ALON HAI GOLAN  
Address: 16465 NE 15TH AVE STE 276  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: GOLAN ZABARI

MGRM

04/18/2011

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