

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY**

2012 ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 26 PM 3:03

PK

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name

Top Priority Inspections, LLC

2. Principal Office Address - No P.O. Box #

28 Laramie Drive

Suite, Apt. #, etc.

3. Mailing Office Address

28 Laramie Drive

Suite, Apt. #, etc.

City & State

Palm Coast, Florida

City & State

Palm Coast, Florida

Zip

32137

Country

USA

Zip

32137

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified

To Do Business in Florida **12/13/2010**

6. FEI Number

27-4220739

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Roland Littlefield

Street Address (P.O. Box Number is Not Acceptable)

28 Laramie Drive

Suite, Apt. #, Etc.

City

Palm Coast

State

FL

Zip Code

32137

E-mail Address:

800236790898
06/25/12--01012--007 **543.75

topinspects@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

Roland Littlefield

Date

6/20/12

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mr	Roland Littlefield	28 Laramie Drive	Palm Coast, FL 32137

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Roland Littlefield

Date

6/20/12

Daytime Phone #

904-315-0660

Typed or printed name of signing Managing Member/Manager