

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046113

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** ALLIED PROFESSIONAL HOME INSPECTIONS, LLC

**Current Principal Place of Business:**

380 S. STATE ROAD 434  
SUITE 1004-118  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

380 S. STATE ROAD 434  
SUITE 1004-118  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 45-1760332

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MISKI, MITCHELL F  
579 CALIBRE CREST PARKWAY  
APT #202  
ALTAMONTE SPRINGS, FL 32714 US

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

MISKI, MITCHELL F  
13230 LAKE MARY JANE ROAD  
ORLANDO, FL 32832 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:

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MISKI, MITCHELL F  
Address: 13230 LAKE MARY JANE ROAD  
City-St-Zip: ORLANDO, FL 32832

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: MITCHELL F. MISKI

MGR

04/05/2012

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