

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000118911

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** KEY WEST HOME INVENTORY SERVICES, LLC

**Current Principal Place of Business:**

1125 MARGARET ST.  
APARTMENT B  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4663  
KEY WEST, FL 33041 US

**New Mailing Address:**

**FEI Number:** 45-3601281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FIKE, SUSAN K  
1125 MARGARET ST.  
KEY WEST, FL 33040 US

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

FIKE, SUSAN K  
1125 MARGARET ST.  
APARTMENT B  
KEY WEST, FL 33040 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: SUSAN K FIKE

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FIKE, SUSAN K  
Address: 1125 MARGARET ST, APARTMENT B  
City-St-Zip: KEY WEST, FL 33040 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: SUSAN K FIKE

MGR

05/01/2012

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