

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90103 030 ****50.00

DOCUMENT # L99000007124

1. Entity Name

STAR HOME INSPECTIONS "L.L.C."



Principal Place of Business

9318 E. COLONIAL DRIVE
ORLANDO FL 32807

Mailing Address

9318 E. COLONIAL DRIVE
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CANCEL, LUIS A
10325 CEDARHURST AVENUE
ORLANDO FL 32807

Name *Luis A. Cancel*

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

12429 Marleigh Ct.

City *Orlando*

FL

Zip Code *32828*

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Luis A. Cancel*
Signature, typed or printed name of registered agent and title if applicable.

Luis A. Cancel
(NOTE: Registered Agent signature required when reinstating)

9/16/03
DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Delete
NAME **CANCEL, LUIS A**
STREET ADDRESS **945 AMERICAN ROSE PKWY**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE *Luis A. Cancel* ☒ Change ☐ Addition
NAME *12429 Marleigh Ct.*
STREET ADDRESS *Orlando, FL 32828*
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **CANCEL, AIDA L**
STREET ADDRESS **945 AMERICAN ROSE PKWY**
CITY-ST-ZIP **ORLANDO FL 32825**

TITLE *Cancel, Aida L.* ☒ Change ☐ Addition
NAME *12429 Marleigh Ct.*
STREET ADDRESS *Orlando, FL 32828*
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Luis A. Cancel*
SIGNATURE REQUIRED

9/16/03
Date

662-2229
(321) 225-9325
Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)