

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000148113

**Entity Name:** FIRST CLASS INSPECTIONS ENTERPRISE LLC

**Current Principal Place of Business:**

5665 W 20 AVE APT 203  
HIALEAH, FL 33012

**Current Mailing Address:**

5665 W 20 AVE APT 203  
HIALEAH, FL 33012

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

CABALE-AGUILAR, NOEL  
5665 W 20 AVE APT 203  
HIALEAH, FL 33012 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name CABALE-AGUILAR, NOEL  
Address 5665 W 20 AVE APT 203  
City-State-Zip: HIALEAH FL 33012

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CABALE-AGUILAR , NOEL

MGRM

03/29/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date