

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000028370

**Entity Name:** CHAPMAN HOME INSPECTION, LLC

**Current Principal Place of Business:**

907 GARRISON AVE.  
PORT ST JOE, FL 32456

**Current Mailing Address:**

907 GARRISON AVE.  
PORT ST JOE, FL 32456 US

**FEI Number: 81-5291500**

**Certificate of Status Desired: Yes**

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

CHAPMAN HOME INSPECTION  
5575 S. SEMORAN BLVD  
SUITE 36  
ORLANDO, FL 32822 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: MICHAEL CHAPMAN**

**04/15/2020**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CHAPMAN, MICHAEL  
Address 907 GARRISON AVE.  
City-State-Zip: PORT ST JOE FL 32456

*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: MICHAEL CHAPMAN**

**OWNER**

**04/15/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date