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.

AMBR

SIGNATURE: MARISOL MEDINA

FEI Number: 82-5155330

Name and Address of Current Registered Agent:

MEDINA, MARISOL 2705 NE 42ND RD OCALA, FL 34470 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

Authorized Person(s) Detail :

Title	AMBR	Title	AP
Name	MEDINA, MARISOL	Name	CASTANEDA, CHRISTIAN
Address	2705 NE 42ND RD	Address	2705 NE 42ND RD
City-State-Zip:	OCALA FL 34470	City-State-Zip:	OCALA FL 34470

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000088642

Entity Name: THE ANALYST HOME INSPECTION SERVICES, LLC

Current Principal Place of Business:

2705 NE 42ND RD OCALA, FL 34470

Current Mailing Address:

2705 NE 42ND RD OCALA, FL 34470

Certificate of Status Desired: No

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 06, 2021 Secretary of State 2282003638CC

04/06/2021

Date

Date