

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500007623

**Entity Name:** INSPIRE CLOSING SERVICES LLC

**Current Principal Place of Business:**

260 AIRSIDE DRIVE  
MOON TOWNSHIP, PA 15108

**Current Mailing Address:**

260 AIRSIDE DRIVE  
MOON TOWNSHIP, PA 15108 US

**FEI Number:** 35-2531720

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           DUNN, BOB  
Address        260 AIRSIDE DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

Title           MANAGER  
Name           WARD, CHRISTY  
Address        260 AIRSIDE DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

Title           MANAGER  
Name           COURY, JEFF  
Address        260 AIRSIDE DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

Title           MANAGER  
Name           CASTILLE, ROGER  
Address        260 AIRSIDE DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

Title           MANAGER  
Name           BARRETTA, SAM  
Address        260 AIRSIDE DRIVE  
City-State-Zip: MOON TOWNSHIP PA 15108

*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:** BOB DUNN

**MANAGER**

**02/03/2020**

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

\_\_\_\_\_  
Date