


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90034 029 \*\*\*138.75

DOCUMENT # L07000021979	
1. Entity Name KEN APPRAISAL SERVICES LLC	

Principal Place of Business 455 LA TRAVESIA FLORA UNIT 104 ST AUGUSTINE, FL 32095	Mailing Address 455 LA TRAVESIA FLORA UNIT 104 ST AUGUSTINE, FL 32095
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60037492



2. Principal Place of Business - No P.O. Box # 9 South Dixie Hwy Suite, Apt. #, etc. Unit C City & State St Augustine, FL Zip 32084	3. Mailing Address 9 South Dixie Hwy Suite, Apt. #, etc. Unit C City & State St Augustine, FL Zip 32084
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02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-8522721	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent OLIVEIRA, KENNETH L 455 LA TRAVESIA FLORA UNIT 104 ST AUGUSTINE, FL 32095	7. Name and Address of New Registered Agent Name OLIVEIRA, Kenneth Street Address (P.O. Box Number is Not Acceptable) 9 South Dixie Hwy Unit C City St Augustine FL Zip Code 32084
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OLIVEIRA, KENNETH L 455 LA TRAVESIA FLORA ST AUGUSTINE, FL 32095 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	9 South Dixie Hwy, Unit C St Augustine, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 	Date _____	Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		