

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093604

FILED  
Jun 19, 2009  
Secretary of State

Entity Name: S & H APPRAISERS & CONSULTANTS, LLC

**Current Principal Place of Business:**

531 NORTH 2ND STREET  
FORT PIERCE, FL 34950 US

**New Principal Place of Business:**

**Current Mailing Address:**

531 NORTH 2ND STREET  
FORT PIERCE, FL 34950 US

**New Mailing Address:**

FEI Number: 94-3449964      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STUBLEY, CHARLES P  
2700 PALM LAKES AVENUE  
FORT PIERCE, FL 34981 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: STUBLEY, CHARLES P  
Address: 2700 PALM LAKES AVENUE  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: MGRM ( ) Delete  
Name: HARRIS, BRUCE A  
Address: 1980 SW EMBER STREET  
City-St-Zip: PORT ST. LUCIE, FL 34953 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: CHARLES STUBLEY

MGRM

06/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date