

2001 UNIFORM BUSINESS REPORT (UBR)

0007803 AF

DOCUMENT # L00000009120

1. Entity Name

APPRAISAL NOW, L.L.C.

FILED

01 FEB 22 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

20155 PALM ISLAND DRIVE
BOCA RATON FL 33498

Mailing Address

20155 PALM ISLAND DRIVE
BOCA RATON FL 33498

2. Principal Place of Business

3. Mailing Address

7130 NW 75TH ST

7130 NW 75TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

4. FEI Number

65-1029864

Applied For

Not Applicable

Zip

33067

Country

USA

Zip

33067

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KUMMER, THOMAS
20155 PALM ISLAND DRIVE
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name SAME

Street Address (P.O. Box Number is Not Acceptable)

7130 NW 75TH ST

City PARKLAND

FL

Zip Code 33067

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

THOMAS KUMMER

(NOTE: Registered Agent signature required when reinstating)

2/12/2001

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

100003768641--6
-02/26/01--01147--009
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM KUMMER, THOMAS
STREET ADDRESS 20155 PALM ISLAND DRIVE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE NAME MGRM KUMMER, TAMMY
STREET ADDRESS 20155 PALM ISLAND DRIVE
CITY-ST-ZIP BOCA RATON FL 33498 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME 7130 NW 75TH ST
STREET ADDRESS PARKLAND FL 33067 ☒ Change ☐ Addition

TITLE NAME 7130 NW 75TH ST
STREET ADDRESS PARKLAND FL 33067 ☒ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS KUMMER 2/12/2001 (954) 255-2052

CR2E083 (11/00)