


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 043 ****50.00

DOCUMENT # L00000010686 1. Entity Name INSURANCE APPRAISAL SERVICES, LLC	
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Principal Place of Business 2350 CORAL WAY, STE. 403 MIAMI, FL 33145	Mailing Address 2350 CORAL WAY, STE. 403 MIAMI, FL 33145
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DO NOT WRITE IN THIS SPACE

60013132



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 65-1038320	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 FERNANDEZ, ORLANDO JR. 2350 CORAL WAY, STE. 403 MIAMI, FL 33145
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**DO NOT WRITE
IN THIS SPACE**

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.

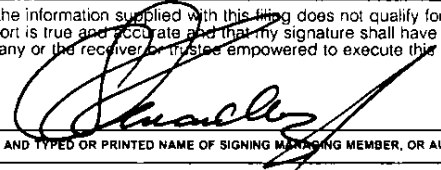
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, ORLANDO 2350 CORAL WAY, STE 403 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FERNANDEZ, LOURDES 2350 CORAL WAY, STE 403 MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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:  **2/7/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #