2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State
03-21-2005 90538 041 ****50.00

DOCUMENT # L00000014250

1. Entity Name
BUSINESS VALUATION SERVICES LLC

Principal Place of Business	Mailing Address
15 S MAGNOLIA AVE ORLANDO FL 32801	15 S MAGNOLIA AVE ORLANDO FL 32801

2. Principal Place of Business	3. Mailing Address
639 E. Colonial Dr.	P.O. Box 2535
Suite, Apt. #, etc. 2nd Floor	Suite, Apt. #, etc.
City & State Orlando, FL	City & State Orlando, FL
Zip 32803 / Country	Zip 32802-2535 / Country

1st MOORE CR2E083 (10/04)

4. FEI Number 22-3773526 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WAWRZASZEK, GARY A PRES.
9770 SIBLEY CIRCLE
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAWRZASZEK, GARY A 15 SOUTH MAGNOLIA AVENUE ORLANDO FL 32801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	639 E. Colonial Dr., 2nd Floor Orlando FL 32803	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	~~member~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER WAWRZASZEK, RENEE M, VICE President 9770 SIBLEY CIR. ORLANDO, FL 32836	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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] 3/15/05 407 228-2019
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #