### 2008 EIMITEU-EIAUIEIEE

#### **DOCUMENT # L00000014250**

1. Entity Name

**BUSINESS VALUATION SERVICES LLC** 



FILED Mar 05, 2008 08:00 Al Secretary of State

Principal Place of Business

701 EAST SOUTH ST

SUITE 150

ORLANDO, FL 32801 U

Mailing Address

P.O. BOX 2535

ORLANDO, FL 32802-2535 US



### DO NOT WRITE IN THIS SPACE

01162008 No Chg-LLC

CR2E083 (12/07)

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

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this	statement for the purpose of	f changing its registered	office or registered agent, o	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 \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WAWRZASZEK, GARY A 701 EAST SOUTH ST SUITE 150 ORLANDO, FL 32801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAWRZASZEK, RENEE 9770 SIBLEY CIRCLE ORLANDO, FL 32836
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U00000848353 03/20/08-80014-010 138.75

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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 argurate 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 eccipier or truster empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/2/08

1015381901

Daytime Phone