

2001 UNIFORM BUSINESS REPORT (UBR)

0023146 AF

DOCUMENT # L00000014415

1. Entity Name

APPRAISAL SPECIALISTS OF CENTRAL FLORIDA, L.L.C.

FILED

01 APR 26 PM 5:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

818 WEST MABBETTE ST.
KISSIMMEE FL 34741

Mailing Address

818 WEST MABBETTE ST.
KISSIMMEE FL 34741

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683771

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEFKOWITZ, IVAN M
43 N. MILLS AVE.
ORLANDO FL 32803

Name

CHERYL MCCUISTON

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

818 W. MABBETTE STREET

City

KISSIMMEE

FL

Zip Code

34741

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP
manager
Cheryl McCuiston
818 W. Mabbette St.
Kissimmee, Fl. 34741

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP
300004164123--1
05/09/01 01015-015
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

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 #

CR2E083 (11/00)