

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000014415

FILED
Mar 09, 2009
Secretary of State

Entity Name: APPRAISAL SPECIALISTS OF CENTRAL FLORIDA, L.L.C.

Current Principal Place of Business:

818 WEST MABBETTE ST.
KISSIMMEE, FL 34741

New Principal Place of Business:

Current Mailing Address:

818 WEST MABBETTE ST.
KISSIMMEE, FL 34741

New Mailing Address:

FEI Number: 59-3683771

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STORY, CHAD C
818 W MABBETTE STREET
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STORY, CHAD C
Address: 818 W. MABBETTE ST,
City-St-Zip: KISSIMMEE, FL 34741

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: KELLEY, AMANDA T
Address: 818 W. MABBETTE ST.
City-St-Zip: KISSIMMEE, FL 34741

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: CHAD C STORY

MGRM

03/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date