

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90098 005 ****50.00

DOCUMENT # L01000001742

1. Entity Name

PETTIT APPRAISALS, LLC



Principal Place of Business

1825 N. YOUNG BLVD.
BAYNARD C-21 REALTY BLDG.
CHIEFLAND FL 32626

Mailing Address

1825 N. YOUNG BLVD.
BAYNARD C-21 REALTY BLDG.
CHIEFLAND FL 32626

2. Principal Place of Business

351 NW 140 ST

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1722

Suite, Apt. #, etc.

City & State

TRENTON FL

City & State

TRENTON FL

Zip

32693

Country

LEVY

Zip

32693

Country

LEVY

4. FEI Number

APPLIED FOR

263 68 6031

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PETTIT, JOHN M
1825 N. YOUNG BLVD.
CHIEFLAND FL 32626

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **PETTIT, JOHN M**
STREET ADDRESS **1825 N YOUNG BLVD**
CITY-ST-ZIP **CHIEFLAND FL 32626**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/30/03

386 758 1568

Date

Daytime Phone #

CR2E083 (4/03)