5/12/2002-90598-(

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Jul 01, 2002 8:00 am
Secretary of State
05-12-2002 90598 045 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000053

1. Entity Name
BUSINESS VALUATIONS, LLC
ATINA ~~VALUATION SERVICES, LLC~~

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9384 N 56th ST	9384 N 56th ST
Suite, Apt. #, etc. 3	Suite, Apt. #, etc. 3
City & State TAMPA FL	City & State TAMPA FL
Zip 33617 Country	Zip 33617 Country

4. FEI Number 30-0016589 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name LAWRENCE D. SEKAJIPO
Street Address (P.O. Box Number is Not Acceptable) 9384 N 56th ST, SUITE 3
City TAMPA FL Zip Code 33617

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] DATE 6/12/02
Signature, typed or printed name of registered agent and title if applicable

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MANAGER	TITLE	
NAME	LAWRENCE D. SEKAJIPO, CPA	NAME	
STREET ADDRESS	9384 N. 56th ST. Suite 3	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33617-5528	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] 3-20-02 813 989 3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #