FILED
Aug 01, 2003 8:00 am
Secretary of State
07-03-2003 90001 003 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027315

1. Entity Name
ACCREDITED VALUATION SERVICES, LLC

55053006

[redacted]

Principal Place of Business	Mailing Address
819 LAKE CHARM DRIVE OVIEDO FL 32765	819 LAKE CHARM DRIVE OVIEDO FL 32765

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
1521 Acopolis Circle	~~1521 Acopolis Circle~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocoee, FL	City & State: Ocoee, FL
Zip: 34761 Country:	Zip: 34761 Country:

4. FEI Number 11-3665619 ☐ 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
ZANNI, KEVIN M 819 LAKE CHARM DRIVE OVIEDO FL 32765	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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Mgr Mem NAME Kevin M. Zanni STREET ADDRESS 819 Lake Charm Dr. CITY-ST-ZIP Oviedo FL 32765	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE MGR Mem NAME Kevin M. Zanni STREET ADDRESS 1521 Acopolis Circle CITY-ST-ZIP Ocoee, FL 34761	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (10/02)

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~~ 25 July 2003 407-687-9395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #