

2004 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L03000000915

FILED
Oct 21, 2004
Secretary of State

Entity Name: CAPITAL CITY APPRAISAL, LLC

Current Principal Place of Business:

2417 FLEISCHMAN ROAD STE. 3
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2417 FLEISCHMAN ROAD STE. 3
TALLAHASSEE, FL 32308

New Mailing Address:

PO BOX 14173
TALLAHASSEE, FL 32317

FEI Number: 16-1649521 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ROBINSON, CHARLES G
2417 FLEISCHMAN ROAD STE. 3
TALLAHASSEE, FL 32308 US

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/MEMBERS:

Title: MGR () Delete
Name: ROBINSON, CHARLES G
Address: 2417 FLEISCHMAN ROAD STE. 3
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHARLE G ROBINSON

PRES

10/21/2004

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