2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 27, 2008
Secretary of State

DOCUMENT# L03000000915

Entity Name: CAPITAL CITY APPRAISAL, LLC

Current Principal Place of Business:

2417 FLEISCHMAN ROAD
STE #3
TALLAHASSEE, FL 32308

New Principal Place of Business:

1274 MILLSTREAM RD.
TALLAHASSEE, FL 32312

Current Mailing Address:

PO BOX 14173
TALLAHASSEE, FL 32317

New Mailing Address:

1274 MILLSTREAM RD.
TALLAHASSEE, FL 32312

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:

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

Name and Address of New Registered Agent:

ROBINSON, CHARLES G PRES
1274 MILLSTREAM RD.
TALLAHASSEE, FL 32312 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: CHARLES G. ROBINSON 10/27/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: ROBINSON, CHARLES G
Address: 1274 MILLSTREAM RD
City-St-Zip: TALLAHASSEE, FL 32312

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: CHARLES G. ROBINSON PRES 10/27/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date