

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2006 8:00 am
Secretary of State

02-14-2006 90018 026 ****50.00

DOCUMENT # L04000015053

1. Entity Name
DIVISION ONE APPRAISAL SERVICES, LLC



Principal Place of Business
**1355 BEVILL RD
DAYTONA BEACH, FL 32174**

Mailing Address
**1355 BEVILL RD
DAYTONA BEACH, FL 32174**

20007824



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02082006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1132160

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

**WILSON, EDWARD G
319 WISTERIA ROAD
DAYTONA BEACH, FL 32118**

Name **SAME - EDWARD G. Wilson**

Street Address (P.O. Box Number is Not Acceptable)

144 Double Eagle Drive

City **Daytona Beach** FL Zip Code **32174**

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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **WILSON, EDWARD G**
STREET ADDRESS **319 WISTERIA ROAD**
CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

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 exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

02-09-2006

Date

386.235.9556

Daytime Phone #