


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90063 049 ***138.75

DOCUMENT # L04000016033	
1. Entity Name TAMBORRINO APPRAISAL L.L.C.	

Principal Place of Business 4112 ELWOOD ROAD SPRING HILL, FL 34608	Mailing Address 4112 ELWOOD ROAD SPRING HILL, FL 34608
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2. Principal Place of Business - No P.O. Box # 11185 Timbercrest Rd Suite, Apt. #, etc.	3. Mailing Address 11185 Timbercrest Rd Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

60009101



01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1904118	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent TAMBORRINO, KEVIN W 4112 ELWOOD ROAD SPRING HILL, FL 34608	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 11185 Timbercrest Rd City FL Zip Code
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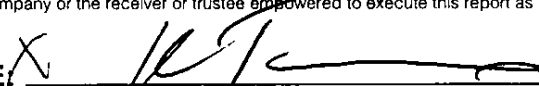
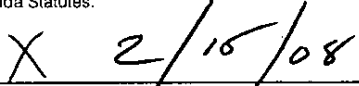
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAMBORRINO, KEVIN W 4112 ELWOOD ROAD SPRING HILL, FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11185 Timbercrest Rd <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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  X  X 2/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #