## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L04000019907

1. Entity Name

MF VALUATION SOLUTIONS, LLC



FILED Apr 30, 2008 08:00 AN Secretary of State

Principal Place of Business

1001 BRICKELL BAY DRIVE, STE. 1400

MIAMI, FL 33131

Mailing Address

1001 BRICKELL BAY DRIVE, STE. 1400

MIAMI, FL 33131



DO NOT WRITE IN THIS SPACE

04182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-1747564

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERMAN, ALISON P 2800 PONCE DE LEON BLVD., STE. 1125 CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Statement of the obligations of registered agent.		μ,
SIGNATURE	DATE	

## FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS MGRM TITLE ROSENBAUM, DAVID P NAME 1001 BRICKELL BAY DRIVE, STE. 1400 STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 expowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Date

Daytime Phone #