

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024453

FILED
Jan 14, 2009
Secretary of State

Entity Name: DUFALA APPRAISAL SERVICES, LLC

Current Principal Place of Business:

1201 S HIGHLAND AVE
SUITE 10
CLEARWATER, FL 33756 US

New Principal Place of Business:

3439 NORTHRIDGE DRIVE
CLEARWATER, FL 33761 US

Current Mailing Address:

3439 NORTHRIDGE DRIVE
CLEARWATER, FL 33761 US

New Mailing Address:

FEI Number: 35-2228400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFALA, NICOLE L MGMR
1201 S HIGHLAND AVE
SUITE 10
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

DUFALA, NICOLE L MGMR
3439 NORTHRIDGE DRIVE
CLEARWATER, FL 33761 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:

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DUFALA, NICOLE L
Address: 3439 NORTHRIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

Title: MGRM () Delete
Name: DUFALA, CHRIS
Address: 3439 NORTHRIDGE DRIVE
City-St-Zip: CLEARWATER, FL 33761 US

ADDITIONS/CHANGES:

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

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

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: NICOLE DUFALA

MGMR

01/14/2009

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