

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90176 020 \*\*\*\*50.00

**DOCUMENT # L04000029862**

1. Entity Name

FLEMING ISLAND APPRAISAL SERVICES, LLC



Principal Place of Business

1631 HAWKS NEST DRIVE  
ORANGE PARK FL 32003

Mailing Address

P.O. BOX 8878  
FLEMING ISLAND FL 32006

2. Principal Place of Business

3. Mailing Address

1631 Hawks Nest Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange Park, FL

Zip

Country

Zip

Country

32003

USA

4. FEI Number

20-1019731

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

TAGUE, CANDY M  
1631 HAWKS NEST DRIVE  
ORANGE PARK FL 32003

Name

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

City

FL

Zip Code

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

Candy M. Tague

Candy M. Tague

1/25/2006

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By May 1, 2006**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
TAGUE, CANDY M  
1631 HAWKS NEST DRIVE  
ORANGE PARK FL 32003 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Candy M. Tague

Candy M. Tague

1/25/2006

904534-7037