## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L04000042196

KOMPARE APPRAISALS, LLC



**FILED** Jul 22, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

4836 BAY SHORE RD SARASOTA, FL 34234 4836 BAY SHORE RD SARASOTA, FL 34234



07062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 06-1473725 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KOMPARE, WAYNE 4836 BAY SHORE RD SARASOTA, FL 34234

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|     | 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, the obligations of registered agent. | and accept |
|-----|---|------------|
| eir | GNATI IDE   |            |

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

(NOTE, Registered Agent signature required when reinstating)

FILE NOWIII FEE IS \$138.75 Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U00000955944 07/22/08-80013-004 138.75

| 9.                                    | MANAGING MEMBERS/MANAGERS  |  |  |
|---------------------------------------|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR<br>KOMPARE, WAYNE<br>4836 BAY SHORE RD<br>SARASOTA, FL 34234 |  |  |
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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:

NTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

WAYNE