

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000052529

FILED
Oct 06, 2005
Secretary of State

Entity Name: WEST COAST APPRAISAL SPECIALIST LLC

Current Principal Place of Business:

6870 S.W. 50 TERRACE
MIAMI, FL 33155

New Principal Place of Business:

5901 NW 151 STREET
213
MIAMI LAKES, FL 33014

Current Mailing Address:

6870 S.W. 50 TERRACE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-1376265 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HERNANDEZ, FERNANDO
6870 S.W. 50 TERRACE
MIAMI, FL 33155 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: FERNANDO HERNANDEZ

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: HERNANDEZ, FERNANDO
Address: 6870 S.W. 50 TERRACE
City-St-Zip: MIAMI, FL 33155

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

Title: MGR () Delete
Name: RIVERA, YOUANI
Address: 13821 SW 24TH STREET
City-St-Zip: MIAMI, FL 33175

Title: MGR (X) Change () Addition
Name: RIVERA, YOUANI
Address: 6870 SW 50 TERRACE
City-St-Zip: MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: FERNANDO HERNANDEZ

MR

10/06/2005

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