

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087784

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** APPRAISAL ASSOCIATES OF NORTH FLORIDA, LLC

**Current Principal Place of Business:**

430 NW 9TH STREET  
HIGH SPRINGS, FL 32643 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW 9TH STREET  
HIGH SPRINGS, FL 32643 US

**New Mailing Address:**

**FEI Number:** 20-1994554      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PRESNELL, PATRICIA P  
430 NW 9TH STREET  
HIGH SPRINGS, FL 32643 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** PRESNELL, PATRICIA P  
**Address:** 430 NW 9TH STREET  
**City-St-Zip:** HIGH SPRINGS, FL 32643 US

I hereby 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: PATRICIA P. PRESNELL      MGR      04/05/2011

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