


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2008 8:00 am
Secretary of State

01-15-2008 90016 016 ***138.75

DOCUMENT # L05000106890	
1. Entity Name BENCHMARK VALUATION LLC	

Principal Place of Business 5411 TWIN CREEKS DRIVE VALRICO, FL 33594 <i>33596</i>	Mailing Address 5411 TWIN CREEKS DRIVE VALRICO, FL 33594 <i>33596</i>
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40003777



01112008No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-3744890	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SIMPSON, MARK D
 5411 TWIN CREEKS DRIVE
 VALRICO, FL 33594
33596

DO NOT WRITE IN THIS SPACE

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: *Mark D. Simpson* Mark D. Simpson Managing Member 1/11/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SIMPSON, MARK D 5411 TWIN CREEKS DRIVE VALRICO, FL 33594
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11. 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: *Mark D. Simpson* Mark D. Simpson 1/11/08 813.245.7838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #