


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 23, 2007 8:00 am
Secretary of State

07-23-2007 90076 021 ****50.00

DOCUMENT # L06000012358 1. Entity Name ADVANCE APPRAISAL GROUP LLC					
Principal Place of Business 302 SOUTH LAKESHORE DRIVE OCOE, FL 34761			Mailing Address 302 SOUTH LAKESHORE DRIVE OCOE, FL 34761		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3833 406	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MROSS, ALBERT L 302 SOUTH LAKESHORE DRIVE OCOE, FL 34761			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE		
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ASst. MROSS, SUE 302 SOUTH LAKESHORE DRIVE OCOE, FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. MROSS, Albert L. 302 South Lakeshore Dr ocoe FL 34761	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: Sue Mross					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Albert L Mross					
7/20/07 407-808-8100					
7/20/07 407-619-8100					

ATTACHMENT

7-20-2007

RE: Advance Appraisal Group LLC

60053130
#LOG000012358

Attention; Fina McLeod

Please note that this was paid or we thought it was paid back on 06-30-2007, however to find out that the wrong document came up on the web site. I simply wanted just to submit And pay my 2007 Limited Liability Company Annual Report. However in the process of pulling it up based on the (NOTICE OF INTENT TO DISSOLVE) card received in the mail , some other report came up of which we completed and paid according to it \$125.00 on Reference Number 900105058259 or (Tracking Number).

I do not want to dissolve the company of Advance Appraisal Group LLC, simply just do the annual report and pay the \$50.00 FEE as required. I understand it to be not the \$125.00 fee as paid at that time and should be refunded to me. Enclosed please find the check for the \$50.00 as required.

I would appreciate you time and attention in this important matter. If you have any questions don't hesitate to call me (Al) @ 407 619 8100 or my wife (Sue) @ 407 808 8100.

Best Regards

Albert Mross

Sue Mross

Advance Appraisals Group LLC

307 S. Lakeshore Dr.

Ocoee, Fl, 34761

Email amross@cfl.rr.com

Business Phone 407 656 5604

Fax 407 654 7120