


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000022770		
1. Entity Name MAINSTREAM APPRAISALS, LLC		

FILED

07 SEP 21 PM 2:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 9670 CHANNELSIDE WAY 204 FORT MYERS, FL 33919 US	Mailing Address 9670 CHANNELSIDE WAY 204 FORT MYERS, FL 33919 US
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2. Principal Place of Business - No P.O. Box # 904 APPLE AVE Suite, Apt. #, etc.	3. Mailing Address 904 APPLE AVE Suite, Apt. #, etc.
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09142007 Chg-LLC CR2E083 (12/06)

City & State LEHIGH ACRES FL	City & State LEHIGH ACRES FL	4. FEI Number 84-1704137	Applied For Not Applicable
Zip 33971	Country Lee	Zip 33971	Country Lee

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

OGRANAJA, SAIMIR K  
9670 CHANNELSIDE WAY  
204  
FORT MYERS, FL 33919

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL Zip Code

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 Saimir Ogranaja DATE 9/13/07  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00  
Due by September 14, 2007

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OGRANAJA, SAIMIR K 9670 CHANNELSIDE WAY, #204 FORT MYERS, FL 33919 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800109889728 09/25/07--01027--009 **50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Saimir Ogranaja 9/13/07 (239) 645-3471  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #