


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000042920

1. Entity Name
RES COM VALUATION LLC



FILED
08 MAY 22 PM 2: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1528 MYRTLE DRIVE TALLAHASSEE, FL 32301	Mailing Address 1528 MYRTLE DRIVE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	05222008 Chg-LLC CR2E083 (12/06)
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	



6. Name and Address of Current Registered Agent

CHAN, CHEY
1817 SOUTH MAGNOLIA DRIVE
TALLAHASSEE, FL 32301

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAN, CHEY		NAME	MOZYTH MUY	
STREET ADDRESS	1528 MYRTLE DRIVE		STREET ADDRESS	601 40 Street N. Apt 202	
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP	St. Petersburg, FL 33713	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PROVENCHER, OWEN		NAME	400131091254	
STREET ADDRESS	1900 KERRY FOREST PKWY.		STREET ADDRESS	06/10/08--01007--013 **138.75	
CITY-ST-ZIP	TALLAHASSEE, FL 32309		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIEU, JOSEPH		NAME		
STREET ADDRESS	2569 MCELROY ST		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLINGTON, LEROY		NAME		
STREET ADDRESS	700 WEST VIRGINIA ST #350		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32304		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ES, SOKHOM		NAME		
STREET ADDRESS	1817 SOUTH MAGNOLIA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32301		CITY-ST-ZIP		
TITLE	MGRM	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NGUYEN, JIMMY H		NAME		
STREET ADDRESS	2904 INDIAN SPRING LANE		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY-ST-ZIP		

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: Chay Chay 05/22/08 (SSS) 319-6835

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #