

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000044641

FILED
Dec 01, 2009
Secretary of State

Entity Name: INTEGRITY APPRAISALS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

8059 SETTLERS CREEK CIR.
LAKELAND, FL 33810 US

New Principal Place of Business:

Current Mailing Address:

8059 SETTLERS CREEK CIR.
LAKELAND, FL 33810 US

New Mailing Address:

FEI Number: 20-4800791 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

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: UNITED STATES CORPORATION AGENTS, INC

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGRM () Delete
Name: BURROWS, BRADLEY J
Address: 8059 SETTLERS CREEK CIR.
City-St-Zip: LAKELAND, FL 33810 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: BURROWS, KAREN A
Address: 8059 SETTLERS CREEK CIR.
City-St-Zip: LAKELAND, FL 33810 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BRADLEY J BURROWS

MGRM

12/01/2009

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