


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000054815</b> 1. Entity Name DOVER APPRAISAL SERVICES, LLC	
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Principal Place of Business 531 SPRING LINE DRIVE NAPLES, FL 34102 US	Mailing Address 531 SPRING LINE DRIVE NAPLES, FL 34102 US
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 14-1964294	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

PALMER, KAREN L  
531 SPRING LINE DR  
NAPLES, FL 34102

**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 \_\_\_\_\_  
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 PALMER, KAREN L 531 SPRING LINE DRIVE NAPLES, FL 34102
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02/15/08-80019-008 138.75

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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:** Karen L. Palmer KAREN L. PALMER 2/4/08 239-643-5862  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #