

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000057908

**FILED**  
**Dec 08, 2009**  
**Secretary of State**

**Entity Name:** LAO APPRAISAL GROUP LLC

**Current Principal Place of Business:**

4322 WINDMILL RIDGE ROAD  
PLANT CITY, FL 33567 US

**New Principal Place of Business:**

**Current Mailing Address:**

4322 WINDMILL RIDGE ROAD  
PLANT CITY, FL 33567 US

**New Mailing Address:**

**FEI Number:** 20-5015792      **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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

O'NEIL, LAUREN A  
4322 WINDMILL RDG RD  
PLANT CITY, FL 33567 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: LAUREN A. O'NEIL

12/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** O'NEIL, LAUREN A  
**Address:** 4322 WINDMILL RIDGE ROAD  
**City-St-Zip:** PLANT CITY, FL 33567 US

**ADDITIONS/CHANGES:**

**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: LAUREN A. O'NEIL

MGRM

12/08/2009

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