

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2008 8:00 am
Secretary of State

08-04-2008 90054 024 ***143.75

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DOCUMENT # L07000005174 1. Entity Name A APPRAISAL COMPANY, LLC			
Principal Place of Business 1123 FLORIDA AVE B SAINT CLOUD, FL 34769		Mailing Address 1123 FLORIDA AVE B SAINT CLOUD, FL 34769	
2. Principal Place of Business - No P.O. Box # 4295 Rambler Ave		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State St Cloud FL		City & State	
Zip 34772		Country USA	
4. FEI Number 20-8222085		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		07312008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent CYNTHIA, SHERROD 4320 RAMBLER AVE SAINT CLOUD, FL 34772		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4295 Rambler Ave City St Cloud FL 34772 Zip Code 34772	
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 <i>Cynthia Sherrod</i> (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			
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CYNTHIA, SHERROD 1123 FLORIDA AVE SAINT CLOUD, FL 34769	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: <i>Cynthia Sherrod</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 8-1-08	Daytime Phone #: 407-908-4252