2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 31, 2009
Secretary of State

DOCUMENT# L07000059856

Entity Name: PEOPLEAPPRAISAL, LLC

Current Principal Place of Business:

9311 PITTSBURGH BLVD
FORT MYERS, FL 33967 US

New Principal Place of Business:

18102 DORAL DR
FORT MYERS, FL 33967 US

Current Mailing Address:

9311 PITTSBURGH BLVD
FORT MYERS, FL 33967 US

New Mailing Address:

18102 DORAL DR
FORT MYERS, FL 33967 US

FEI Number: 20-0646733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: THORPE, PETER
Address: 9311 PITTSBURGH BLVD
City-St-Zip: FORT MYERS, FL 33967 US

Title: MGRM ( ) Delete
Name: RODINO, PETER
Address: 17400 STERLING LAKE DRIVE
City-St-Zip: FORT MYERS, FL 33967 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: THORPE, PETER
Address: 18102 DORAL DR
City-St-Zip: FORT MYERS, FL 33967 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: PETER THORPE CEO 08/31/2009

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