

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089599

Entity Name: SWFL APPRAISALS, LLC

FILED  
Aug 23, 2009  
Secretary of State

**Current Principal Place of Business:**

8851 COLONNADES CT. W #115  
BONITA SPRINGS, FL 34135

**New Principal Place of Business:**

26692 LITTLE JOHN CT.  
# 65  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

P.O. BOX 2115  
BONITA SPRINGS, FL 341332115

**New Mailing Address:**

P.O. BOX 2115  
BONITA SPRINGS, FL 341332115 US

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      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:**

ANDERSON, MARK D  
8851 COLONNADES CT. W #115  
BONITA SPRINGS, FL 34135 US

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

ANDERSON, MARK D  
26692 LITTLE JOHN CT.  
BONITA SPRINGS, FL 34135 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: MARK D. ANDERSON

08/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ANDERSON, MARK D  
Address: P.O. BOX 2115  
City-St-Zip: BONITA SPRINGS, FL 341332115

**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: MARK D. ANDERSON

MGR

08/23/2009

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