

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
**Dec 10, 2008**  
**Secretary of State**

DOCUMENT# L07000094002

**Entity Name:** ARDIRE & BORDEN APPRAISAL SERVICE, LLC

**Current Principal Place of Business:**

287 W CREEKVIEW DRIVE  
WEWAHITCHKA, FL 32465 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 803  
WEWAHITCHKA, FL 32465 US

**New Mailing Address:**

**FEI Number:** 26-0902416      **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:**

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

ARDIRE, KENNETH H  
287 W CREEKVIEW DRIVE  
WEWAHITCHKA, FL 32465 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: KENNETH H ARDIRE

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARDIRE, KENNETH  
Address: PO BOX 803  
City-St-Zip: WEWAHITCHKA, FL 32465 US

Title: MGRM ( ) Delete  
Name: BORDEN, KAREN  
Address: 213 9TH STREET  
City-St-Zip: PORT ST JOE, FL 32456 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: KENNETH H ARDIRE

MGRM

12/10/2008

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