

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90154 018 ***138.75

DOCUMENT # L07000110944

1. Entity Name

BARRON APPRAISAL, LLC



Principal Place of Business

**6116 CEZANNE AVE.
LUTZ FL 33558
US**

Mailing Address

**6116 CEZANNE AVE.
LUTZ FL 33558
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1187909

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

1st MOORE

CR2E083 (10/07)

6. Name and Address of Current Registered Agent

**NAGY, RONALD G
6116 CEZANNE AVE.
LUTZ FL 33558**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Ronald G. Nagy

3-19-08

Signature, typed or printed name of registered agent only (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**NO CHANGE
SIGNED MISTAKENLY**

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
NAGY, RONALD G
6116 CEZANNE AVE.
LUTZ FL 33558**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Ronald G. Nagy

3/19/08

813-948-8570

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #