

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000007905

FILED
Jun 07, 2009
Secretary of State

Entity Name: IMS-TRIAD RESIDENTIAL APPRAISAL SERVICES, LLC

Current Principal Place of Business:

5001 SW 74TH COURT
SUITE 106
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

5001 SW 74TH COURT
SUITE 106
MIAMI, FL 33155

New Mailing Address:

FEI Number: 74-3253048 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

BALOYRA, JOSE L ESQ
5835 BLUE LAGOON DRIVE
SUITE 302
MIAMI, FL 33126 US

Name and Address of New Registered Agent:

SALABARRIA, ISRAEL PARTNER
5001 SW 74 COURT
SUITE 106
MIAMI, FL 33155 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: ISRAEL SALABARRIA

06/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SALABARRIA, ISRAEL M PARTNER
Address: 5001 SW 74 COURT
City-St-Zip: MIAMI, FL 33155

Title: MR () Change (X) Addition
Name: MASCARO, EMILIO F PARTNER
Address: 5001 SW 74 COURT
City-St-Zip: MIAMI, FL 33155

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: ISRAEL SALABARRIA

MR

06/07/2009

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