

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000015161

**FILED**  
**Mar 09, 2010**  
**Secretary of State**

**Entity Name:** PROFESSIONAL APPRAISAL SERVICE OF ORLANDO, LLC

**Current Principal Place of Business:**

11501 ROBBYES DRIVE  
ORLANDO, FL 32817

**New Principal Place of Business:**

8619 CATBRIAR  
ORLANDO, FL 32829

**Current Mailing Address:**

11501 ROBBYES DRIVE  
ORLANDO, FL 32817

**New Mailing Address:**

PO BOX 677974  
ORLANDO, FL 32867

**FEI Number:** 59-3110313

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAUL, CLAYTON  
11501 ROBBYES DRIVE  
ORLANDO, FL 32817 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  
**Name:** TAUL, CLAYTON  
**Address:** 11501 ROBBYES DRIVE  
**City-St-Zip:** ORLANDO, FL 32817

**Title:** MGR  
**Name:** TAUL, GULNARA  
**Address:** 11501 ROBBYES DRIVE  
**City-St-Zip:** ORLANDO, FL 32817

I hereby 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:** CLAYTON TAUL

MGRM

03/09/2010

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