

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104345

FILED
Apr 26, 2009
Secretary of State

Entity Name: STRATEGIC ASSET VALUATION EXPEDITORS, LLC

Current Principal Place of Business:

265 MAIN STREET
SEBASTIAN, FL 32958

New Principal Place of Business:

5384 NW MARA COURT
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

P.O. BOX 880151
PORT SAINT LUCIE, FL 349880151

New Mailing Address:

FEI Number: 26-3689150 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PHILLIPS, JAMES B
2410 NEBRASKA AVENUE
FORT PIERCE, FL 34950 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 () Delete
Name: ADAMS, JACK E
Address: 5384 NW MARA COURT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM () Delete
Name: MORRIS, JAMES W III
Address: 265 MAIN STREET
City-St-Zip: SEBASTIAN, FL 32958

Title: MGRM () Delete
Name: PHILLIPS, JAMES B
Address: 2410 NEBRASKA AVENUE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES:

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

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: JACK E ADAMS

MGRM

04/26/2009

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