

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000104345

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** STRATEGIC ASSET VALUATION EXPEDITORS, LLC

**Current Principal Place of Business:**

5384 NW MARA COURT  
PORT SAINT LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

5384 NW MARA COURT  
PORT SAINT LUCIE, FL 34986

**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  
Name: ADAMS, JACK E  
Address: 5384 NW MARA COURT  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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

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: JACK E ADAMS

MGRM

04/30/2011

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