

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000018357

**FILED**  
**Oct 31, 2012**  
**Secretary of State**

**Entity Name:** ACCLAIMED NATIONAL PROPERTY SPECIALISTS, LLC

**Current Principal Place of Business:**

416 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

416 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 26-4329189

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILSON, KIM  
416 ARLINGTON AVE. E.  
OLDSMAR, FL 34677 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: COO  
Name: WILSON, KIM  
Address: 416 ARLINGTON AVE. E.  
City-St-Zip: OLDSMAR, FL 34677 US

Title: CFO  
Name: STRONG, KERRY  
Address: 803 DARTMOUTH AVE W  
City-St-Zip: OLDSMAR, FL 34677 US

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: KIM WILSON

COO

10/31/2012

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