

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000049394

**FILED**  
**Oct 14, 2010**  
**Secretary of State**

**Entity Name:** RISK VALUATION SERVICES LLC

**Current Principal Place of Business:**

458 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

130 CAMBRIDGE DRIVE  
LONGWOOD, FL 32779

**Current Mailing Address:**

458 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779

**New Mailing Address:**

130 CAMBRIDGE DRIVE  
LONGWOOD, FL 32779

**FEI Number:** 27-0254202

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZIMMER, DOUGLAS J  
458 SABAL TRAIL CIRCLE  
LONGWOOD, FL 32779 US

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

ZIMMER, DOUGLAS J  
130 CAQMBRIDGE DRIVE  
LONGWOOD, FL 32779 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: DOUGLAS J. ZIMMER

10/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: ZIMMER, DOUGLAS J  
Address: 130 CAMBRIDGE DRIVE  
City-St-Zip: LONGWOOD, FL 32779 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: DOUGLAS J. ZIMMER

PRES

10/14/2010

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