

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092237

**FILED**  
**Jan 29, 2012**  
**Secretary of State**

**Entity Name:** ROGER LA FERRIERE VALUATIONS, LLC

**Current Principal Place of Business:**

1616 AUDUBON TRAIL  
LUTZ, FL 33549 US

**New Principal Place of Business:**

**Current Mailing Address:**

1616 AUDUBON TRAIL  
LUTZ, FL 33549 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

LAFERRIERE, ROGER F  
1616 AUDUBON TRAIL  
LUTZ, FL 33549 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: MGR  
Name: LAFERRIERE, ROGER F  
Address: 1616 AUDUBON TRAIL  
City-St-Zip: LUTZ, FL 33549 US

Title: MGRM  
Name: LAFERRIERE, ANDREW B  
Address: 22702 CHESTERVIEW LOOP  
City-St-Zip: LAND O; LAKES, FL 34639 US

Title: MGRM  
Name: LAFERRIERE, CORINNE A  
Address: 1616 AUDUBON TRAIL  
City-St-Zip: LUTZ, FL 33549 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:** ROGER F. LAFERRIERE

OWNE

01/29/2012

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