

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90078 026 ***138.75

DOCUMENT # L96000000044

1. Entity Name
ALL COUNTY APPRAISAL & CONSULTING, L.C.



Principal Place of Business
**22102 KIMBLE AVE
PORT CHARLOTTE, FL 33952**

Mailing Address
**22102 KIMBLE AVE
PORT CHARLOTTE, FL 33952**



04082008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2746377

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KENNEDY, STEVEN T
22102 KIMBLE AVE
PORT CHARLOTTE, FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JONES, TED E
22286 VICK ST
PORT CHARLOTTE, FL 33980** ☒ Delete

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
KENNEDY, STEVEN T
22286 VICK STREET
CHARLOTTE HARBOR, FL 33980** ☐ Delete

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MIZE, DANIEL
22286 VICK ST
PORT CHARLOTTE, FL 33980** ☒ Delete

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

Steven T. Kennedy 4/17/08 94-629-7726