2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 25, 2008 8:00 am Secretary of State

01-25-2008 90084 001 ***138.75

	ANNUAL REPUR	
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1. Entity Name VALUED SERVICES OF FLORIDA, LLC Principal Place of Business Mailing Address 60003750 600 WESTPARK DRIVE 600 WESTPARK DRIVE PEACHTREE CITY, GA 30269 PEACHTREE CITY, GA 30269 2. Principal Place of Business - No PO Box # 3. Mailing Address Suite Apt # etc Suite Apt.# etc 01092008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 20-0771501 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE STE 4 WESTON FL 33331 Zip Code City 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 II applicable. (NOTE: Registered Agent eigniture required when reinstating) DATE FILE NOW!!! FEE IS \$138.78 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TIPLE MGR Addition **Andres** (X)Change TITLE SCOGGINS JAMES E MALE -Victor L. Benton STREET ADDRESS 600 WESTPARK DRIVE STREET ADDRESS 600 Westpark Drive PEACHTREE CITY, GA 30269 CITY-ST-ZIP C1Y-\$1-7P Peachtree City, GA 30269 Change TITLE MGR ☐ Deteta TITLE MANNING, ROBERT P NAME STREET ACCORESS 600 WESTPARK DRIVE STREET ADDRESS PEACHTREE CITY, GA 30269 CITY-ST-ZIF CITY-ST-ZIP President Detete ☐ Change TIRE TITLE Z Addition KAME NAME Renee L. Demmery STREET ADDRESS STREET ADDRESS 600 Westpark Drive CITY-ST-ZIP CHY-ST-ZIP MLE Detete MLE Peachtree City, GA 30269 ☐ Change ☐ Addition NAME MANUF STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP me ☐ Detata TILE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP IIILE ☐ Delete TILE. ☐ Change Addition NAME NASE STREET ADDRESS STREET ACCRESS CITY-ST-ZIP 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 ceth; that I am a managing member or manager of the limited liability company or they eceiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes 01-15-08 **SIGNATURE**