

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002090

FILED
Apr 02, 2009
Secretary of State

Entity Name: C & S APPRASIAL SERVICES, LLC

Current Principal Place of Business:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

New Principal Place of Business:

Current Mailing Address:

7777 WASHINGTON AVENUE S.
EDINA, MN 55439

New Mailing Address:

FEI Number: 06-1705725

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 () Delete
Name: SCHROEDER, STEVE
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR () Delete
Name: CLARK, KRAIG
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR () Delete
Name: BATTETISSA, ANDREW
Address: 10360 OLD PLACERVILLE ROAD
City-St-Zip: SACRAMENTO, CA 95827

Title: MGR () Delete
Name: PHILIPSEK, CHARLES W
Address: 7777 WASHINGTON AVENUE SOUTH, SUITE 1000
City-St-Zip: EDINA, MN 55439

Title: MGR () Delete
Name: HACKMAN, DAN
Address: 7777 WASHINGTON AVENUE SOUTH, SUITE 1000
City-St-Zip: EDINA, MN 55439

Title: MGR () Delete
Name: SEIBERT, WAYNE
Address: 7777 WASHINGTON AVENUE SOUTH, SUITE 1000
City-St-Zip: EDINA, MN 55439

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES W. PHILIPSEK

MGR

04/02/2009

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