## M07000005362

(Requestor's Name)	—				
(Address)	—				
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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09/26/11--01032--029 \*\*25.00

T. HAMPTON 4 7 2011

## **COVER LETTER**

TO:	Registration Division of	Section Corporations					
SUBJI	ECT:				ervices, LL		
		Name of For	eign	Limited I	Liability Comp	any	
Dear S	ir or Madam	:					
		avit by Foreign L (s) and fee(s) are				Change Manager(s) or	
Please	return all coi	respondence con	cerni	ng this m	atter to the following	lowing:	
		Kathleen A. Ela					
		Name of Perso	on				
Corelogic Real Estate Solutions, LLC							
	Firm/Company						
	N24633 County Road I						
	Address						
	Ettrick MI 54607						
	Ettrick, WI 54627 City/State and Zip Code						
	·						
E-	kelzea@corelogic.com  E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:							
	Kathy E	Elzea	at (	608 )		525-2034	
	Name of		- \-		de and Daytim	e Telephone Number	
	STREET/CO	OURIER ADDRE	SS:		MAILING A	DDRESS:	
	Registration Section			Registration Section			
	Division of Corporations			Division of Corporations			
Clifton Building				P.O. Box 6327			
		ve Center Circle Florida 32301			Tallahassee, F	lorida 32314	
	Enclosed is a check for the following amount:						
<b>√</b> \$25 Fi		Sample State of State	&		00 Filing Fee & d Copy	\$60 Filing Fee, Certificate of Status & Certified Copy	

## AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compand Department of State is: Prim	y as it appears on the records of the Florida e Valuation Services, LLC					
2. This entity was formed under the laws of						
3. This entity was authorized to transact bus and its Florida document/registration numbe	siness in Florida on 9/4/07 AFF SFP FILE OF managing member is as follows: FFF PH 2:					
4. The name and address of each manager of	or managing member is as follows:					
Title:	Name and Address:  PEORIE  STATE  ORIO  ORIO  Name and Address:					
"MGR" = Manager						
"MGRM" = Managing Member	P					
Managing Member	Valuation Ventures, LLC 10400 Yellow Circle Drive, Ste. 400 Minnetonka, MN 55343					
Member	Prime Alliance Solutions, Inc. P.O. Box 97050 Seattle, WA 98124-9750					
<u>Manag</u> er	Daniel P. Hackman 8009 34th Ave. South, Ste. 1300 Bloomington, MN 55425					
Manager	Teresa M. Syvertsen 8009 34th Ave. South, Ste. 1300 Bloomington, MN 55425					
Manager	Daniel J. Gilbert 9814 Compass Point Way Tampa, FL 33615					
Manager	Daniel J. Green 5511 McGann Road #105					
See Attacked for Anditional Ma	Fitchburg, WI 53711					
Required Signature:	<u></u>					
Signature of Manager, Managing Member or Member Charles W. Philipsek Manager						

Filing Fee: \$25

## Additional Managers

**Title** 

Name and Address

Manager

John R. Morris, Jr. 4945 Aldrich Avenue S. Minneapolis, MN 55419

Manager

Charles W. Philipsek 10400 Yellow Circle Drive Ste. 400

Minnetonka, MN 55343

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6 PH 2: 42
FY OF STATE SSEE, FLORID