

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022396

**Entity Name:** PCE VALUATIONS, LLC

**Current Principal Place of Business:**

200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789

**Current Mailing Address:**

200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

**FEI Number:** 80-0021745

**Certificate of Status Desired:** No

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

JASMUND, DAVID  
200 E. NEW ENGLAND AVENUE  
SUITE 400  
WINTER PARK, FL 32789 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name BUCHANAN, ROBERT  
Address 200 E. NEW ENGLAND AVENUE; STE.  
400  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name POOLE, MICHAEL  
Address 200 E. NEW ENGLAND AVENUE; STE.  
400  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name JASMUND, DAVID  
Address 200 E. NEW ENGLAND AVENUE; STE.  
400  
City-State-Zip: WINTER PARK FL 32789

Title MGR  
Name STEWART, WILLIAM A  
Address 200 E. NEW ENGLAND AVENUE  
SUITE 400  
City-State-Zip: WINTER PARK FL 32789

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID JASMUND

**MGR**

**03/04/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date