## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000175386

Entity Name: EXPERTEVAL, LLC

**Current Principal Place of Business:** 

2345 SW CREEKSIDE DR PALM CITY, FL 34990

**Current Mailing Address:** 

2345 SW CREEKSIDE DR PALM CITY, FL 34990 US

FEI Number: 46-4467665 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, JAMES W 2345 SW CREEKSIDE DR. PALM CITY, FL 34990 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: JAMES WM. ROSE 01/13/2015

Electronic Signature of Registered Agent

Date

FILED Jan 13, 2015

**Secretary of State** 

CC7101409784

Authorized Person(s) Detail:

Title AMBR Title ABMR

Name THE J & J ROSE CO, INC. Name J FAWSON, LLC

Address 2345 SW CREEKSIDE DR Address 1040 S STERLING AVE

City-State-Zip: PALM CITY FL 34990 City-State-Zip: TAMPA FL 33629

Title MGR Title MGR

Name FAWSON, JACOB J Name ROSE, JAMES W

Address 1040 S STERLING AVE Address 2345 SW CREEKSIDE DR.

City-State-Zip: TAMPA FL 33629 City-State-Zip: PALM CITY FL 34990

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: JACOB FAWSON MANAGER 01/13/2015