

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005300

**Entity Name:** PRIORITY APPRAISAL U.S.A., LLC

**Current Principal Place of Business:**

100 GALLERIA OFFICENTRE  
STE 210  
SOUTHFIELD, MI 48034

**FILED**  
**Jan 15, 2014**  
**Secretary of State**  
**CC1816921641**

**Current Mailing Address:**

100 GALLERIA OFFICENTRE  
STE 210  
SOUTHFIELD, MI 48034 US

**FEI Number: 27-4894079**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGRM  
Name WALKER, MARK M  
Address 800 MICHIGAN ST  
City-State-Zip: PORT HURON MI 48060

Title MGR  
Name PARLOVE, VINCENT A  
Address 100 GALLERIA OFFICE CENTRE - STE 210  
City-State-Zip: SOUTHFIELD MI 48034

Title MGR  
Name WALKER, HALE H  
Address 800 MICHIGAN STREET  
City-State-Zip: PORT HURON MI 48060

Title MGR  
Name CANSFIELD, MICHAEL J  
Address 800 MICHIGAN STREET  
City-State-Zip: PORT HURON MI 48060

Title MGR  
Name MCTEVIA, JIM  
Address 30300 TELEGRAPH ROAD, SUITE 185  
City-State-Zip: BINGHAM FARMS MI 48025

*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: HALE WALKER**

**MGR**

**01/15/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date