

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000032805

1. Entity Name

BAYVIEW TITLE INSURANCE AGENCY LLC



Principal Place of Business

11300 FOURTH STREET NORTH, STE. 200
ST PETERSBURG, FL 33716

Mailing Address

11300 FOURTH STREET NORTH, STE. 200
ST PETERSBURG, FL 33716



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

57-1141198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, JAMES M
11300 FOURTH STREET NORTH, STE. 200
ST PETERSBURG, FL 33716

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

1100000413502
02/10/06-80087-025 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	CHADWICK, JAMES N
STREET ADDRESS	11300 4TH ST N STE 200
CITY- ST- ZIP	SAINT PETERSBURG, FL 33716
TITLE	MGRM
NAME	SEMBLER, M. STEVEN
STREET ADDRESS	11300 4TH ST N STE 200
CITY- ST- ZIP	SAINT PETERSBURG, FL 33716
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

James M. Chadwick, Managing Member

01/25/06

(727) 576-0047

Date

Daytime Phone #