**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE** 

## Apr 02, 2002 8:00 am Secretary of State DOCUMENT # L0100002951 1. Entity Name 04-02-2002 90981 008 \*\*\*\*55.00 1400 METRO, L.L.C. Principal Place of Business Mailing Address 1400 METROPOLITAN BLVD. 1400 METROPOLITAN BLVD. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 935681 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Waddill, Sam B Street Address (P.O. Box Number is Not Acceptable) 1400 METROPOLITAN BLVD. TALLAHASSEE FL 32308 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. (9/01)☐ Addition MGRM Change TITLE ☐ Delete TITLE FIRST TITLE SERVICES OF TALLAHASSEE, INC. NAME NAME 1400 METROPOLITAN BOULEVARD **CR2E083** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE, FLORIDA 32308 ☐ Delete TITLE Change : ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.