

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000001152

1. Entity Name

CU TITLE OF PALM BEACH, LLC



Principal Place of Business

37 SE 5TH ST STE 100
BOCA RATON, FL 33432

Mailing Address

37 SE 5TH ST STE 100
BOCA RATON, FL 33432

DO NOT WRITE IN THIS SPACE



01202004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

65-0968237

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARLAND, MARVIN M
3773 COMMON WEALTH BLVD
TALLAHASSEE, FL 32303

**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, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME TRIMMIER, STEVE
STREET ADDRESS 3773 COMMON WEALTH BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR
NAME HOOD, GUY M
STREET ADDRESS 3773 COMMON WEALTH BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE MGR
NAME GARLAND, MARVIN M
STREET ADDRESS 3773 COMMON WEALTH BLVD
CITY-ST-ZIP TALLAHASSEE, FL 32303

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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01/23/04-80041-008 50.00

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.

SIGNATURE:

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

Date

Daytime Phone #

1/24/04 800-558-1116