

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000002703**

1. Entity Name  
ABC TITLE PAWN, L.L.C.



Principal Place of Business  
2415 S.E. DIXIE HIGHWAY  
STUART, FL 34996

Mailing Address  
2415 S.E. DIXIE HIGHWAY  
STUART, FL 34996



01042005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0988955

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DOBSON, WILLIAM A  
2415 S.E. DIXIE HIGHWAY  
STUART, FL 34996

**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, 2005**

U000000180722  
01/14/05-80017-008 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	DOBSON, WILLIAM A
STREET ADDRESS	2415 S.E. DIXIE HWY
CITY - ST - ZIP	STUART, FL 34996
TITLE	MGRM
NAME	MMLLC
STREET ADDRESS	1365 GOVERNMENT STREET STE 5
CITY - ST - ZIP	MOBILE, AL 36605
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 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 #

1-12-05 772 2206802