

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2002 8:00 am
Secretary of State

09-11-2002 90099 021 ****50.00

DOCUMENT # L00000007323

1. Entity Name

CITY TITLE, L.L.C.

Principal Place of Business

**580 VILLAGE BOULEVARD, SUITE 150
WEST PALM BEACH FL 33409**

Mailing Address

**580 VILLAGE BOULEVARD, SUITE 150
WEST PALM BEACH FL 33409**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1017985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCABE, TIMOTHY
580 VILLAGE BOULEVARD, SUITE 150
WEST PALM BEACH FL 33409**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. 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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
MGR	MCCABE, TIMOTHY	2135 S. CONGRESS AVE., #3C	WEST PALM BEACH FL 33406	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	SAMILJAN, STEVEN	2135 S. CONGRESS AVE., #3C	WEST PALM BEACH FL 33406	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	MEGIAS, CARLOS	2135 S. CONGRESS AVE., #3C	WEST PALM BEACH FL 33406	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
MGR	BERRY, CHERYL	580 VILLAGE BOULEVARD, SUITE 150	WEST PALM BEACH FL 33409	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

CR2E083 (4/02)

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]*

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

Date

Daytime Phone #

7.25.02

561.969.3344