

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000007513

1. Entity Name
FAIRWAY TITLE SERVICES, L.L.C.



Principal Place of Business
**120 EAST STATE STREET, SUITE 101
OLDSMAR, FL 34677-3647**

Mailing Address
**14902 WINDING CREEK COURT, SUITE 102-C
TAMPA, FL 33613**



01152004 No Chg-LLC

CR2E093 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3654914

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SEGESMAN, FRED C
120 EAST STATE STREET, SUITE 101
OLDSMAR, FL 34677-3647**

**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
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
NIEHOFF, CURTIS R
240 BALSAM DRIVE
OLDSMAR, FL 34677**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000008757
01/20/04-80077-007 50.00

**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)(f), 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 #

1-13-04 813-269-7276