


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 050 ****50.00

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 8431 W. LINEBAUGH AVE. TAMPA, FL 33625		
2. Principal Place of Business 5151 South Lakeland Dr.		3. Mailing Address 			
Suite, Apt. #, etc. Suite 2		Suite, Apt. #, etc. 			
City & State Lakeland, FL		City & State 			
Zip 33813		Country FLK		Zip 	
Country 					
6. Name and Address of Current Registered Agent NIEHOFF, CURTIS R. 4613 HIDDEN SHADOW DRIVE TAMPA, FL 33614			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR NIEHOFF, CURTIS R 4613 HIDDEN SHADOW DRIVE TAMPA, FL 33614	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, MANAGER, OR AUTHORIZED REPRESENTATIVE					

20005001



01302006 Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3654914

Applied For
Not Applicable

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