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DOCUMENT # L0000008352 1. Entity Name EURO-AMERICAN TITLE SERVICES, LLC					FILED					
						01 FEB -5 AM 8:	16			
Principal Place of Business Mailing Address					CERRETARN OF OTATION					
28000 SPANE	SH WELLS BLVD.	28000 SPANISH WEL		SECRETARY OF STATE TALLAHASSEE. FLORIDA						
BONITA SPRI	NGS FL 34135	BONITA SPRINGS FL	34135	4135		IMPENDAGGE FLU	RIUA			
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2. Principal P	face of Business	3. Maifing Address		Ì		I (BELIET) BIT BEITT BEITT BETTT				
		0 112 0 11 11 11				DO NOT WRITE IN THIS CRACE				
Suite, Apt. #, etc. Suite, Apt. #, etc.			ļ	DO NOT WRITE IN THIS SPACE						
City & Stat	e	City & State			4. FEI Number		pplied For			
o, a o.a.	•						N	ot Applicable		
Zip	Country	Zip	Zip Coun		5. Certificate of Status Desired S5.00 Additional			ditional		
		•		1			Fee Require	.d .		
	6. Name and Address of Curr	ent Registered Agent		· · · · · · · · · · · · · · · · · · ·	7. Name	e and Address of New Registered	Agent:			
				Name				· 1		
CRAWFO	rd, J. Stephen			Street Addres	s (P.O. Box N	lumber is Not Acceptable)				
28000 SF	PANISH WELLS BLVD.									
BONITA S	SPRINGS FL 34135			i				1		
				City		FI	Zip Code			
				1			-			
8. The above	named entity submits this statemer	nt for the purpose of changing	g its registere	ed office or regis	tered agent, o	or both, in the State of Florida.				
								ļ.		
SIGNATURE .	Signature, typed or printed name of registered a	cent and title if applicable (NOTE: Registere	d Agent signature requ	ired when reinstati	pg) DATE				
	agnature, typed or printed name or registered a	gent and title in approache.	(10 TC: Hogistolo	O 7 igoni signatare requ	,					
		FILE	NOW!!!	FEE IS \$50.0	0 1					
		Make Check	Payable t	o Department	of State					
			-		•					
9.	MANAGING ME	MBERS/MEMBERS	10.			ADDITIONS/CHANGE				
TITLE	MGR ,	Delete	TITLE	i 1			Change	Addition 5		
NAME	CRAWFORD, J. STEPHEN	_	NAM							
STREET ADDRESS	28000 SPANISH WELLS BLV	D.		ET ADDRESS		1 00003662 -02/03/01	2411	$\frac{-1}{002}$		
CITY-ST-ZIP	BONITA SPRINGS FL 34135			- !						
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NAME			NAM	E						
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CITY-ST-ZIP			CITY	-ST-ZIP		,				
11. I hereby o	certify that the information supplied	with this filing does not qualify	y for the exe	mption stated in	Section 119.0	07(3)(i), Florida Statutes. I further ce	rtify that the i	nformation		
	on this report is true and accurate a bility company or the receiver or tru						er or manage	⇒t Ot rtue		
		à		7		1 1				
SIGNATURE: \$16 - 1818										
SIGNAL	SIGNATURE AND TYPED OR PRINCED NA	E OF SIGNING MANAGING MEMBER	, MANAGER, OR	AUTHORIZED REPRE	SENTATIVE		Daytime Phone #	: 010		
		1.7						i		