## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000008352

1. Entity Name

**SIGNATURE:** 

FLORIDA TITLE SERVICES, LLC



## **FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90038 019 \*\*\*\*50.00

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Principal Plac	ce of Business		Mailing Address	<u>-</u>	<u> </u>	<del></del>				
2000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135			20000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135							
2 Principal F	Place of Pusings	<del></del>	1 - 27 - 20							
2. Principal Place of Business		3. Mailing Addre	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, e	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Nun	nber <b>65-102</b>	7108	$\leftarrow$	Applied For	
Zip		Country	Zip	Co	puntry	5. Certifica	ite of Status Desir	red 🔲	\$5.00 A	dditional
	6. Name an	d Address of Curre	ent Registered Agent			7. Name a	nd Address of N	ew Register		90
004					Name			on mognature	ou Aguit.	
CRAWFORD, J. STEPHEN 28000 SPANISH WELLS BLVD. BONITA SPRINGS FL 34135					Street Add	dress (P.O. Box Num	ber is Not Accep	table)		
BUR	niia sphings	FL 34135								<del></del>
					City				Zip Co	
8. The above	named entity su	bmits this statemen	t for the purpose of char	nging its regist	ered office or re	egistered agent, or b	oth, in the State of	of Florida. I a	m familiar with	and accept
the obligat	tions of registere	d agent.				*				,
SIGNATURE .										
		man of manual and area large.	ent and title if applicable	(MOTE: Desire)				DATI	<u> </u>	
	Signature, typed or pr	mieu riarne oi registered ag	пристенти	(NOTE: Hegisti	ered Agent signature r	required when reinstating)				
	Signature, typed or pr	nteo name oi registered ag	<del></del>				<del></del>			
	Signature, typed or pr	mied name di registered ag	F	ILE NOW!!!	FEE IS \$50	0.00				
	Signature, typed or pr	mueo name or registered ag	F	ILE NOW!!! Payable to I	FEE IS \$50 Florida Depar					
	Signature, typed or pr		F Make Check	ILE NOW!!! Payable to I	FEE IS \$50	0.00				
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