

FILED  
Jun 19, 2002 8:00 am  
Secretary of State

06-19-2002 90454 046 \*\*\*\*50.00

LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

ELsie TITLE SERVICES, LLC

DO NOT WRITE IN THIS SPACE

868104

2. Principal Place of Business

1481 Olympia Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Venice FL

City & State

4. FEI Number

65-1032327

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Edgar J LaCombe

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

1481 Olympia Road

City

Venice

FL

Zip Code

34293

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	Andrew C Burch
STREET ADDRESS	1481 Olympia Road
CITY-ST-ZIP	Venice, FL 34293
TITLE	MGR
NAME	Edgar J LaCombe
STREET ADDRESS	1481 Olympia Road
CITY-ST-ZIP	Venice FL 34293
TITLE	MGR
NAME	Edgar J LaCombe, Elizabeth A
STREET ADDRESS	1481 Olympia Road
CITY-ST-ZIP	Venice FL 34293
TITLE	MGR
NAME	LaCombe, Eleanor D
STREET ADDRESS	1481 Olympia Rd
CITY-ST-ZIP	Venice FL 34293
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Date

Daytime Phone #

Edgar J LaCombe

4/16/02

241 493 3458

CR2E083B (12/01)