

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # 100000012120 1. Entity Name ALACHUA TITLE SERVICES, LLC	
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Principal Place of Business 16407 NW 174TH DRIVE ALACHUA, FL 32615	Mailing Address 7360 BRYAN DAIRY ROAD SUITE 200 LARGO, FL 33777
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DO NOT WRITE IN THIS SPACE



04202005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3671955	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent FIRST AMERICAN AFFILIATES, INC 2075 CENTRE POINT BLVD. TALLAHASSEE, FL 32308
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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 resigning) **DATE** _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FIRST AMERICA AFFILIATES INC 2075 CENTRE POINT BLVD TALLAHASSEE, FL 32308
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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: Michael LaRosa, VP of MGRM 4/21/05 727-549-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #