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DOCUMENT # L0000012399 1. Entity Name BROKERS TITLE OF ORLANDO V, LLC						FILED 01 MAR -5 AM 9: 34						
Principal Place of Business 2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789		Mailing Address 2699 LEE ROAD, WINTER PARK FL	AD. SUITE 540			SECRETARY TALLAHASSE			FOLIO (811 1881			
2. Principal Place of Business 3. Mailing Addr		3. Mailing Addres	8					III IIII III				
Suite, Apt.	#, etc.		Suite, Apt. #, et	c.				DO NOT WRITE	N THIS SPA			_
City & Stat	e ·	Country	City & State	<u> </u>	Countr	N.	4. FEI N	Jumber 59-367		No	piled For t Applicable	_
. ZIP		Country	Zip		Count	y	5. Certif	ficate of Status Desired		.00 Add Required		
	6. Name	and Address of Current	Registered Agent			Nome	7. Name	e and Address of New Reg	stered Age	nt		-
STEPHAN	I, REINHAR	nd G				Name			·			
	ROAD, SL				Street Address (P.C		ess (P.O. Box N	umber is Not Acceptable)				
WINTER I	PARK FL 3	2789										
.						City	,		FL	Zip Code	9	
	named entit	y submits this statement fo	or the purpose of chan	ging its re	gistere	d office or reg	istered agent, o	or both, in the State of Florid	 a.			
SIGNATURE .	Signature, typed	or printed name of registered agent	and title if applicable.	(NOTE: R	legistered	Agent signature rec	quired when reinstati	ng)	DATE			
·			F	ILE NOV	V!!! F	EE IS \$50.	00					
						Departmen						
9.		MANAGING MEMB	ERS/MEMBERS		10.			ADDITIONS/CH	IANGES	·		┨
TITLE	MGRM		Dele	te	TITLE			ADDITIONS/CI		Change	☐ Addition	9
NAME STREET ADDRESS	2699 LEE	i, reinhard G Froad, suite 540 Park fl 32789	~			T ADDRESS	,					RZE083 (11/00)
CITY-ST-ZIP TITLE	AANALEKI	-ANN FL 32/09	Dele	to.	CITY-S	51-ZIP			<u>_</u>] Change	Addition	RZE
NAME			. Dele	le	NAME) Change		2
STREET ADDRESS						F ADDRESS		6000038	2286	216		
CITY-ST-ZIP			Dele	÷a	CITY+:	51-215	•	-03/09/	0104		OBB _{addition}	{
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TITLE			☐ Dete	te	TITLE				Ĺ	Change	☐ Addition	1
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TITLE			☐ Dele	te	TITLE] Change	Addition	1
NAME STREET ADDRESS					NAME	T ADDRESS						
CITY-ST-ZIP					CITY-S							
11. I hereby of indicated limited lia	certify that the on this report bility compar	e information supplied with the true and accurate and by or the acceiver or trusto	n this filing does not que that my signature sha e empowered to exec	ualify for the	ne exem e same ort as	ption stated in legal effect as equired by C	n Section 119.0 s if made under hapter 608, Flo	07(3)(i), Florida Statutes. I fu coath; that I am a managing rida Statutes.	rther certify member o	that the in manage	formation r of the	
SIGNAT	URE:	Mille) ic.	J)		2-14-01	401-	629-	887 ₀	
J. J. 11		AND TYPED OR PRINTED NAME &	F SIGNING MANAGIND MEN	SER, MANAG	ER, OR A	UTHORIZED REP	RESENTATIVE	Date		ne Phone #		