

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 11, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000013573

1. Entity Name
GATEWAY TITLE AND CLOSING COMPANY, L.L.C.



Principal Place of Business
319 NORTH KROME AVENUE
HOMESTEAD, FL 33030

Mailing Address
319 NORTH KROME AVENUE
HOMESTEAD, FL 33030



02102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1066231

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, MICHAEL J
317 NORTH KROME AVENUE
HOMESTEAD, FL 33030

**DO NOT WRITE
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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

000000085261
03/11/04-80040-021 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
MARCUS, MICHAEL J
317 NORTH KROME AVENUE
HOMESTEAD, FL 33030

TITLE
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CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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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, OR AUTHORIZED REPRESENTATIVE

Date

Day/line Phone #

3-09-04 305-240-5802