

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 029 ****55.00

DOCUMENT # L00000015570

1. Entity Name

SECURITY FIRST TITLE PARTNERS OF ST JOE BEACH, L

DO NOT WRITE IN THIS SPACE

960010

2. Principal Place of Business

6260 Hwy 98

Suite, Apt. #, etc.

3. Mailing Address

7360 Bryan Dairy Road

Suite, Apt. #, etc.

Suite 200

DO NOT WRITE IN THIS SPACE

City & State

Mexico Beach, FL

City & State

Largo, FL

4. FEI Number

59-3684112

Applied For

Not Applicable

Zip
32456

Country
USA

Zip

33777

Country

USA

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

7. Name and Address of Current Registered Agent

Name

SECURITY FIRST TITLE PTRS. OF ST. JOE BEACH, LLC

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

7360 BRYAN DAIRY RD.

SUITE 200

City
LARGO

FL

Zip Code
33777

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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.

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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOUGLAS BARTLE 7360 BRYAN DAIRY RD., STE 200 LARGO, FL 33777
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CR2E083B (12/01)

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 #