

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90002 032 ****55.00

DOCUMENT # L00000015570

1. Entity Name

**SECURITY FIRST TITLE PARTNERS OF ST JOE BEACH, L
LC.**



Principal Place of Business

**6260 HWY 98
MEXICO BEACH FL 32456**

Mailing Address

**7360 BRYAN DAIRY RD.. #200
LARGO FL 33777**

2. Principal Place of Business

6260 Hwy 98

3. Mailing Address

Suite, Apt. #, etc.

Port St. Joe Beach, FL

City & State

Zip

32456

Country

Zip

Country

6. Name and Address of Current Registered Agent

**SECURITY FIRST TITLE AFFILIATES, INC.
7360 BRYAN DAIRY ROAD, SUITE 200
LARGO FL 33777**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

MGRM

**BARTLE, DOUG W
7360 BRYAN DAIRY RD
LARGO FL 33777**

☒ Delete

10. ADDITIONS/CHANGES

MGRM

**Security First Title Affiliates Inc.
7360 Bryan Dairy Rd., Suite 200
Largo, FL 33777**

☒ Change

☐ Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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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:

SIGNATURE REQUIRED MGRM

1/13/03

(727) 549-3300

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

Date

Daytime Phone #

CR2E083 (10/02)