2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100003283

1. Entity Name

AMERICA TITLE SERVICES OF POLK COUNTY, LLC



FILED Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90027 015 ****50.00

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Principal Place of Business 09 ALLAMANDA DR. AKELAND FL 33803		Mailing Address 109 ALLAMANDA DR. LAKELAND FL 33803	109 ALLAMANDA DR.		20023136				
	100000 <u></u>								
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. TETRUMES 39 3702321			plied For t Applicable	
Zip	Country Zip		Country	5. Certificate of Status Desired Spee Require 7. Name and Address of New Registered Agent			Required		
	6. Name and Address of Curre	nt Registered Agent			ress of New Hegis	tered Age			
k#01 1	ER, RICHARD A	مستدريها -	Name	· · · · · · · · · · · · · · · · · · ·					
2323 S. FLORIDA AVE. LAKELAND FL 33803			Street Address	(P.O. Box Number is N	lot Acceptable)				
200			City			FL	Zip Code	e	
				d t bath in	the Ctate of Elevida		iliar with	and accent	
	named entity submits this statement ons of registered agent.	t for the purpose of changing i	ts registered office or regist	ered agent, or both, in	ine State of Florida	(a (a	iner with,	and dooopt	i
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (NC	OTE: Registered Agent signature requi	red when reinstating)		DATE	·		
	organistic, typod or printed the second		NOW!!! FEE IS \$50.00	1					
			ble to Florida Departm						
			ue By May 1, 2003	lent of State				ľ	
					ADDITIONS/CH	ANGES	·		
9.		MBERS/MANAGERS	10.		AUDITION3/CIT		Change	Addition	2
TITLE	MGR	☐ Delete	TITLE] Change		CR2E083 (10/02)
NAME	MILLER, RICHARD A		NAME STREET ADDRESS						8
STREET ADORESS	2323 S. FLA AVENUE		CITY-ST-ZIP						ũ
CITY-ST-ZIP	LAKELAND FL 33803 MGRM		TITLE] Change	Addition	ž
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NAME OTREET ADDRESS	2510 S. FLORIDA AVE		STREET ADDRESS						
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	LAKELAND FL 33803	☐ Delete	TITLE] Change	☐ Addition	ĺ
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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:

CITY-ST-ZIP

IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE