

DOCUMENT # *L01000008114*

1. Entity Name

TITLE AFFILIATES OF CLEARWATER, L.L.C.

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90759 041 ****55.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2655 MCCORMICK DRIVE3. Mailing Address
4855 27TH ST. WESTSuite, Apt. #, etc.
SUITE 206

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FLCity & State
BRADENTON, FL4. FEI Number
65-1109139

Applied For

Not Applicable

Zip
33759Country
USAZip
34207Country
USA5. Certificate of Status Desired ☒\$5.00 Additional
Fee RequiredDO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KIRTLEY, WILLIAM T ESQ.Street Address (P.O. Box Number is Not Acceptable)
1776 RINGLING BOULEVARDCity
SARASOTA

FL

34236

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.

DATE

FEES \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
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CITY-ST-ZIPTITLE
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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: *William Kelly*

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

Date *4-21-03* Daytime Phone #*William Kelly, EXEC. V. PRES**727-725-3833*

CR2E083B (12/02)