LIMITED LIABILITY COMPANY LIMITORM BUSINESS REPORT (UBR)

FILED Jul 08, 2002 8:00 am Secretary of State

07-08-2002 90239 016 ***272.50

DOCUMENT # LO1000011716

1. Entity Name
Security First Title Partners of Northwest
Florida, LLC.

CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE 969902 3. Mailing Address 2. Principal Place of Business 7360 Bryan Dairy Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required **秦林宗教和李宗太祖**刘明成为一年第一次,张子郎与李子成后 7. Name and Address of Current Registered Agent DO NOT WRITE Dairy 7360 BOYER IN THIS SPACE FL 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 DATE FEE IS:\$50.00 25,000 Make Check Payable to Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE Security First Title Affiliates, Inc. NAME NAME 7360 Bryon Dairy Rd. #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP TITLE TITLE NAME NAME 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME-STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY: ST-ZIP: TITLE TITLE NAME NAME: STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

CITY-ST-ZIP ;

SIGNATURE: _		Myly	JIM (ray	6/28/or		
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9. Name and Address of Current Registered Agent 81 Name	L ` ' ' '	 -	⊢ '		
Size Address P.O. Box Number is Not Acceptable		irrent Registered Agent		10. Name and Address of New Registered Agent	
B3	<u>.</u>		81 Name		
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered digent. I am families with, and accept the obligations of Scotion 607 0505. Phonds Stotities. SIGNATURE		,	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fornda Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am registered agent or both appointment as registered agent. I am registered agent or both, in the State of Florida Statutes. I am registered agent or both appointment as registered agent. I am registered agent or both appointment as registered agent. I am registered agent or both appointment as registered agent. I am registered agent. I am registered agent. I am registered agent or both appointment as registered agent. I am registered agent or both appointment as registered agent. I am registered agent. I am registered agent or both appointment as registered agent. I am registered agent.			83		
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FLORIDA DEPARTMENT OF STATE

Katherine Harris Secretary of State

May 30, 2002

SECURITY FIRST TITLE PARTNERS OF NORTHWEST FLORIDA, LLC 7360 BRYAN DAIRY RD., SUITE 200 LARGO, FL 33777

SUBJECT: SECURITY FIRST TITLE PARTNERS OF NORTHWEST FLORIDA,

LLÇ

Ref. Number: L01000011716

We have received your document for SECURITY FIRST TITLE PARTNERS OF NORTHWEST FLORIDA, LLC and check(s) totaling \$272.50. However, your check(s) and document are being returned for the following:

The attached form must be completed in order to file the document.

The fee is \$50.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Registration/Qualification Section
Division of Corporations Letter Number: 902A00035022

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