

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000011716

1. Entity Name
**SECURITY FIRST TITLE PARTNERS OF NORTHWEST
FLORIDA, LLC**



Principal Place of Business
**1335 CREIGHTON RD.,
SUITE C
PENSACOLA, FL 32504**

Mailing Address
**7360 BRYAN DAIRY ROAD
STE 200
LARGO, FL 33777**



04202005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3754471

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
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. 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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SECURITY FIRST TITLE AFFILIATES INC
7360 BRYAN DAIRY RD # 200
LARGO, FL 33777**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
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U00000336387
04/27/05-80149-004 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Michael LaRosa, UP of MGRM

4/26/05

727-549-3300

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

Date

Daytime Phone #