

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

03-13-2003 90002 037 ****55.00

DOCUMENT # L01000018324

1. Entity Name

**SECURITY FIRST TITLE PARTNERS OF HIGHLANDS COUNT
Y, LLC**



Principal Place of Business

**809 US 27 SOUTH
SEBRING FL 33870**

Mailing Address

**7360 BRYAN DAIRY RD., SUITE 200
LARGO FL 33777**

2. Principal Place of Business

Suite, Apt. #, etc.

Sebring, FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33870

Country

USA

Country

USA

4. FEI Number **59-3751170**

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**

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

TITLE ☒ **SECURITY FIRST TITLE AFFILIATES INC.** ☐ Delete
NAME
STREET ADDRESS **7360 BRYAN DAIRY RD #200**
CITY-ST-ZIP **LARGO FL 33777**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ **MGRM** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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

SIGNATURE REQUIRED OF MGRM

1/13/03 (727) 549-3300

Date

Daytime Phone #

CR2E083 (10/02)