

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L01000020473

1. Entity Name
TITLE AFFILIATES OF CENTRAL FLORIDA, L.L.C.



SECRET
DIVISION

07 DEC 28 AM 11:48

Principal Place of Business

101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

Mailing Address

101 GATEWAY CENTRE PARKWAY
GATEWAY ONE
RICHMOND, VA 23235

2. Principal Place of Business - No P.O. Box #
4809 Ehrlich Rd.

3. Mailing Address
4809 Ehrlich Rd.



12182007 REIN-LLC CR2E101 (1/07)

Suite, Apt. #, etc.
#105

Suite, Apt. #, etc.
#105

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
65-1159400

Applied For
Not Applicable

Zip
33624

Country
US

Zip
33624

Country
US

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KIRTLLEY, WILLIAM T
1776 RINGLING BLVD
SARASOTA, FL 34236

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 \$150.00
After January 1, 2008, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☒ Delete
NAME USA TITLE AFFILIATES, INC.
STREET ADDRESS 101 GATEWAY CNTR PKWY, GATEWAY ONE
CITY-ST-ZIP RICHMOND, VA 23235

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Change ☒ Addition
NAME HESCHMEYER & HESCHMEYER
STREET ADDRESS 337 HARBOR DR.
CITY-ST-ZIP VENICE, FL 34285

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

KO Earls Karen O. Earls

12-26-07

(804) 267-8555

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

Date

Daytime Phone #