## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT #L01000021149



ALLIED ABSTRACT AND TITLE COMPANY - III, LLC

	FILED
Sep	11, 2003 8:00 am
Se	cretary of State

09-11-2003 90041 021 \*\*\*\*50.00

e of Business	Mailing Address							
OAD NORTH, STE. 209 2751	549 WYMORE ROAD NORT MAITLAND FL 32751	549 WYMORE ROAD NORTH. STE. 209 MAITLAND FL 32751  3. Mailing Address		en dir galar hall 88111 88111 8	<b>.</b>	ti <b>88</b> 4 11 <b>5</b> 14 <b>8</b> 4	<b>110 10</b> 11 2 <b>01</b> 1	
Place of Business	3. Mailing Address							
#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
е	City & State	City & State		4. FEI Number 61-1404159		Applied For Not Applicable		
Country	Zip	Country				5.00 Ad	lditional	
6. Name and Address of Curre	nt Registered Agent				gistered Aç	jent		
BELL, JOHN E III 549 WYMORE ROAD NORTH, STE. 209			Name Street Address (P.O. Box Number is Not Acceptable)					
LAND FL 32751	-			• .				
مي		City			FL	Zip Cod	de	
Signature, typed or printed name of registered age	FILE N Make Check Payat	IOW!!! FEE IS \$	50.00 partment of State		DATE			
MANIA CINIC MEN		<u> </u>	2000	ADDITIONS /	CHANGES			
				ADDITIONS)		Change	Addition	
EBELL, JOHN III 549 WILMORE RD N STE 209	LI Delete	NAME STREET ADDRESS				onango		
MAILAND PL 32/31	☐ Delete	TITLE				☐ Change	☐ Addition	
		NAME STREET ADDRESS CITY-ST-ZIP	<del>रक्षा अध्य</del> ासकार वर्ग	متهديه والمتهامة والمستبهور موزيت			<b>-</b>	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	
	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	☐ Addition	
(2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	DAD NORTH. STE. 209 2751  Place of Business  #, etc.  #, etc.  #  Country  6. Name and Address of Current  JOHN E III  MYMORE ROAD NORTH, STE. 2  LAND FL 32751  named entity submits this statement ions of registered agent.  Signature, typed or printed name of registered age  MANAGING MEM  MGRM  EBELL, JOHN III	DAD NORTH. STE. 209 2751  S49 WYMORE ROAD NORTH MAITLAND FL 32751  Date of Business  #, etc.  Country  Country  Country  G. Name and Address of Current Registered Agent  JOHN E III  MYMORE ROAD NORTH, STE. 209 LAND FL 32751  Date of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  MANAGING MEMBERS / MANAGERS  MGRM EBELL, JOHN III 549 WILMORE RD N STE 209 MAITLAND FL 32751  Delete  Delete	Suite Apt. #, etc.    Country   Zip   Country	SAD NORTH, STE. 209  S49 WYMORE ROAD NORTH, STE. 209  MAITLAND FL 32751  Itace of Business  4. etc.  City & State  Country  Zip  Country  Zip  Country  Street Address of Current Registered Agent  Name  Name  Street Address (P.O. Box Nurr  City  Name and Address of Current Registered Agent  City  Name and NORTH, STE. 209  LAND FL 32751  City  Name and Address of Current Registered Agent  City  Name and Address (P.O. Box Nurr  City  Name  Street Address (P.O. Box Nurr  City  Name and Address (P.O. Box Nurr  Name and Address (P.O. Box Nurr	DAD NORTH, STE. 209 MATLAND FL 32751  Itacs of Business  3. Mailling Address #, etc.   Glubsiness   Glubsines	See WILDER CADE NORTH, STE. 209    See WILDER CADE NORTH, STE. 209	Suito, Apt. #, etc.  Suito, Apt. #, etc.  Country  Zip  Country  Zip  Country  Zip  Country  Size Address (P.O. Box Number is Not Acceptable)  Name  And Address of Current Registered Agent  JOHN E II  Name and Address of Current Registered Agent  JOHN F III  Name end Address of North, STE. 209  LAND FL 32751  City  FL  Zip Cor  City  Street Address (P.O. Box Number is Not Acceptable)  Name  Name deathy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with rors of registered agent.  Signature boads or arrest remark or registered agent. Or both, in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride. I am familiar with rors or registered agent. Or both in the State of Floride.  MARK STREET ADDRESS  OTY -ST-2P  Debte  TILE  MARK STRE	

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 eath; that I am a managing member or manager of the limited liability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:**