## L01000022641

(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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KEY WEST OFFICE 501 WHITEHEAD STREET KEY WEST, FL 33040-6585 TELEPHONE: 305.296.8480 FACSIMILE: 305.293.7825

KINGSPORT OFFICE 415 BROAD STREET, SUITE 601 POST OFFICE DRAWER 88 KINGSPORT, TN 37662-0088 TELEPHONE: 423.378.3040 FACSIMILE: 423.378.5773

MIAMI OFFICE 80 S.W. EIGHTH ST., SUITE 2804 MIAMI, FL 33130-3012 TELEPHONE: 305.375.0462 FACS1M1LE: 305.375.0702

ST. AUGUSTINE OFFICE 24 CATHEDRAL PLACE, SUITÉ 506 ST. AUGUSTINE. FL 32084-4459 TELEPHONE: 904.823.1440 FACSIMILE: 904.824.2420

MIAMI BEACH OFFICE 777 ARTHUR GODFREY RD. 2ND FL MIAMI BEACH, FL 33140-3444 TELEPHONE: 305.535,2545 FACS1M1LE: 305.531.1708

ORLANDO/WINTER PARK OFFICE the following: 2180 PARK AVENUE NORTH, STE, 318 WINTER PARK, FL 32789-2358 TELEPHONE: 407.875.0922 FACSIMILE: 407.875.1303

E-MAIL: postmaster@taflaw.com

REPLY TO: KEY WEST OFFICE

January 22, 2001

VIA FEDEX #8360 7082 4774

Florida Department of State Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Atlantic Title and Abstract Company, LLC; Reinstatement Re: and Change of Registered Agent

E-MAIL: kbisknen@taflaw.com

Dear Sir or Madam:

Please find enclosed an LLC Reinstatement Form and a Statement of Change of Registered Agent and Registered Office for the above referenced corporation, and a check in the amount of \$180.00 representing

Reinstatement Fee	100.00
Annual Report Fee	50.00
Certificate of Status Fee	5.00
Change of Registered Agent Fee	25.00

Total......\$180.00

Thank you for your attention in this matter.

Sincerely,

THE ANDERSEN FIRM A Professional Corporation

Enclosures

DIRECT DIAL NO. (305) 295-680

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State of Florida.
1. The name of the limited liability company is: Atlantic Title And Abstract Company L
2. The mailing address of the limited liability company is: 501 whitehead Street,
Key West FL 33040
12/28/01 L01000022641
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  William E. Andersen, The Andersen Firm
Name   Na
6. The name and address of the new registered agent and/or office:
Scott Nyman  Name  101925 Overseas Hwy.  Florida street address (P.O. Box NOT acceptable)
Key Largo, FL 33037 City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member of authorized representative of a member)
Scott Nyman, President, Century Title Coparation (Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

(Signature of Registered Agent)

INHS18(10/99)