

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90047 012 ****50.00

DOCUMENT # L02000008530

1. Entity Name

STONEWALL TITLE GROUP, L.L.C.



Principal Place of Business

**9843 HARLINGTON ST
CANTONMENT FL 32533**

Mailing Address

**9843 HARLINGTON ST
CANTONMENT FL 32533**

2. Principal Place of Business

1306 E Cervantes St

Suite, Apt. #, etc.

Suite B

City & State

Pensacola FL

Zip

32501

Country

USA

3. Mailing Address

1306 E. Cervantes St

Suite, Apt. #, etc.

Suite B

City & State

Pensacola FL

Zip

32501

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0586435

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SMITH, S. AVERY
9843 HARLINGTON ST
CANTONMENT FL 32533**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-9-03

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 **MGRM** ☐ Delete
NAME **SMITH, S. AVERY**
STREET ADDRESS **9843 HARLINGTON ST.**
CITY-ST-ZIP **CANTONMENT FL 32533**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **S Avery Smith**
STREET ADDRESS **1306 B East Cervantes St.**
CITY-ST-ZIP **Pensacola FL 32501**

TITLE **Member** ☐ Change ☒ Addition
NAME **Robert O. Beasley**
STREET ADDRESS **1306 B E Cervantes St.**
CITY-ST-ZIP **Pensacola FL 32501**

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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]* **SIGNATURE REQUIRED**

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

2-9-03

(850) 437-1000

Date

Daytime Phone #

CR2E083 (10/02)