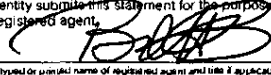
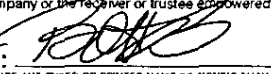


FILED
May 29, 2003 8:00 am
Secretary of State

05-29-2003 90028 002 ****50.00

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

DOCUMENT # L02000009568					
1. Entity Name ASSURED CLOSING SERVICES, LLC					
Principal Place of Business 3810 ISLAMORADA DRIVE ORMOND BEACH, FL 32176			Mailing Address 3810 ISLAMORADA DRIVE ORMOND BEACH, FL 32176		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 55-0798659	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCHARD, BRETT P 3810 ISLAMORADA DRIVE ORMOND BEACH, FL 32176				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 				DATE 5/27/03	
NOTE: Registered Agent's signature required when registering.					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	BLANCHARD, BRETT P		NAME		
STREET ADDRESS	3810 ISLAMORADA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE	MGRM	☒ Delete	TITLE	☐ Change	☐ Addition
NAME	LEE, MICHEL D		NAME		
STREET ADDRESS	25 JUNIPER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH, FL 32176		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 606, Florida Statutes.					
SIGNATURE: 				DATE 5/27/03 386-441-1099	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					