

LO2000009875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

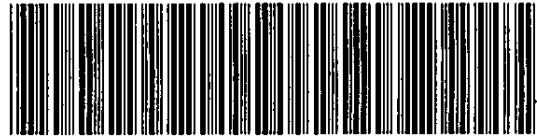
(Business Entity Name)

(Document Number)

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FILED  
10 MAY -4 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04/20/10--01021--010 \*\*35.00

S. HAWKES

MAY 05 2010

EXAMINER

(Handwritten signature/initials)

S. HAWKES

~~APR 21 2010~~

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 22, 2010

SCOTT MORGAN  
3773 COMMONWEALTH BLVD  
TALLAHASSEE, FL 32303

SUBJECT: CU TITLE MANAGEMENT, LLC  
Ref. Number: L02000009875

We have received your document for CU TITLE MANAGEMENT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 910A00009953

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CU TITLE MANAGEMENT, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SCOTT MORGAN

Name of Person

CU TITLE MANAGEMENT, LLC

Firm/Company

3773 COMMONWEALTH BLVD

Address

TALLAHASSEE, FL 32303

City/State and Zip Code

scott.morgan@lscu.coop

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT MORGAN

Name of Person

at ( 850 ) 558-1110

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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.

1. Name of the limited liability company: CU TITLE MANAGEMENT, LLC

2. (a) Principal office address of limited liability company: 3773 Commonwealth Blvd

☐

(Note: **MUST BE STREET ADDRESS**)

Tallahassee, FL 32303

(b) Mailing address of limited liability company:

☐

(Note: **MAY BE POST OFFICE BOX**)

P.O. BOX 3108

Tallahassee, FL 32315-0108

4/25/2002

L02000009875

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Guy M. Hood

Registered Office Address:

3773 Commonwealth Blvd

Tallahassee, FL 32303

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

Patrick La Pine

**NEW** Registered Office Address:

3773 Commonwealth Blvd

(**MUST BE FLORIDA STREET ADDRESS**)

Tallahassee, FL 32303

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 or authorized representative of a member

Scott Morgan

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.

  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
FILING FEE: \$25.00