

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 037 ****\$5.00

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000010733

1. Entity Name
FIRST ROTTLUND TITLE OF FLORIDA, LLC



Principal Place of Business
**26240 SR 54
LUTZ, FL 33549**

Mailing Address
**7360 BRYAN DAIRY RD., SUITE 200
LARGO, FL 33777**

24029814



2. Principal Place of Business

3. Mailing Address

2075 Centre Pointe Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02242004 Chg-LLC CR2E083 (10/03)

City & State

City & State

Tallahassee, FL

4. FEI Number
01-0664935

Applied For

Not Applicable

Zip

Country

Zip

Country

32308

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Lajoie, John T
2075 Centre Pointe Blvd.
Tallahassee, FL 32308**

Name

First American Affiliates, Inc.

Street Address (P.O. Box Number is Not Acceptable)

2075 Centre Pointe Boulevard

City

Tallahassee

FL

Zip Code

32308

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

John Lajoie as VP of First American Affiliates Inc. 3/18/04

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Delete
NAME **FIRST AMERICAN AFFILIATES, INC.**
STREET ADDRESS **7360 BRYAN DAIRY RD., SUITE 200**
CITY-ST-ZIP **LARGO, FL 33777**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **First American Affiliates, Inc.**
STREET ADDRESS **2075 Centre Pointe Blvd.**
CITY-ST-ZIP **Tallahassee, FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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:

John Lajoie as VP of First American Affiliates Inc. 3/18/04

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

Date

Daytime Phone #