## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (URB)

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

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I to Chicky I	EUMENT: # LO2000 PRION TITLE, LLC	0010745							
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Principal Place of Business 4040 DEL PRADO 8LVD.		Mailing Address	Mailing Address 4040 DEL PRADO BLYD.						
-CAPE: COR/	AL-FL 33904	CAPE CORAL FL 33904.					Artist Barrell		
2. Princip	al Place of Business				) un	1 <b>11</b> 11 111 1111 1111 1111 1111 1111 11	1808 <b>86</b> 00 <b>8608</b> 0 31 <b>0</b> 0 8 <b>0</b> 00 100	He <b>anak</b> a kwa man	-
- Indiang Address					]				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Number Q 11 1 Q Applied For				
Zip Country		Zip	Zip Country		2	20-05	,94768	Not Applicab	ole
6. Name and Address of Curre		<u> </u>				ite of Status Desired	Fee Regu	Additional uired	
- Ari		m Hegistered Agent	Nat	Nell 1	7. Name a	nd Address of New	Registered Agent		$\exists$
16	URTY, TIMOTHY J 33 PERIWINKLE WAY STE A		Street Address			per is Not Acceptab	<u> </u>	· · · · ·	_
SA	NNIBEL FL 33957		13	p90	Wor	19 STAS	alane		
			Cip	ida b	<u>0 S</u>	wite 3			
8. The above	ve named entity submits this statement atoms of registered agent.	for the purpose of changing its	registered office	e or registero	MONE	Masiz	FL 33	\delta \	
	1 1 11 12 nb - 1 - 1 - 1	~00 <del>.1.</del>	regions ou chic	c or registerer	o agenca, or b	oth, in the State of F	lorida. I am familiar witi	n, and accept	7
SIGNATURE	Signature, typed or printed name of registered agen	t and little if applicable. (NOT	E: Registered Agent si	gnature required w	hen reinstation)		1-29-6	Soas	
		FILE NO	OW!!! FEE IS	\$ \$50.00			DATE		$\dashv$
		Make Check Payab	le to Florida t e By May 1, 2	Départment	of State	. —	· - · terrino n		-
9.	MANAGING MEMB		10.			ADDITIONS	/CHANGES		1
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Y-ST-ZIP Libereby ce	artify that the information		CITY-ST-ZIP					1	-
indicated of limited liab	ertify that the information supplied with the information this report is true and accurate and the littly company or the receiver or trustee of	his filing does not qualify for the	e exemption sta same legal effe	ted in Section ct as if made	119.07(3)(i), under oath: t	Florida Statutes. I fu	urther certify that the inf	ormation	
	11.	S S S S S S S S S S S S S S S S S S S	ort as required t	by Chapter 60	8. Florida Sta	itutes.	y member or manager.	or the	
IGNATU	JRE: Abair	JASSA QUIR	ED				olisho	3	
	SIGNATULE AND TYPED OR PRINTED HAME OF S	RIGHING MANAGING MEMBER, MANAG	ER, OR AUTHORIZED	REPRESENTATIV	E .	Date	X 1 2 1 V	<del>-</del>	4