

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90232 020 ****50.00

DOCUMENT # L02000012898

1. Entity Name
EXPRESS LAND TITLE SERVICES, "L.L.C."



Principal Place of Business
**2900 UNIVERSITY DR., #52
CORAL SPRINGS, FL 33065-5083 US**

Mailing Address
**2900 UNIVERSITY DR., #52
CORAL SPRINGS, FL 33065-5083 US**

24020101

2. Principal Place of Business
**2200 N.W. Corporate Blvd
Suite, Apt. #, etc. 303
City & State Boca Raton FL
Zip 33431 Country USA**

3. Mailing Address
**11380 Prosperity Farms Rd.
Suite, Apt. #, etc. Suite 215
City & State Palm Beach Gardens FL
Zip 33410 Country USA**



02172004 Chg-LLC CR2E083 (10/03)

4. FEI Number **73-1643614** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

**RUS, JAKE
11380 PROSPERITY FARMS RD.
215
PALM BEACH GARDENS, FL 33410**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **EXPRESS LAND TITLE, INC.**
STREET ADDRESS **11380 PROSPERITY FARMS RD. #215**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

TITLE **MGR** ☒ Delete
NAME **SCHNEIDER, PATRICIA**
STREET ADDRESS **2900 UNIV. DR., #52**
CITY-ST-ZIP **CORAL SPRINGS, FL 33065**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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NAME
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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:

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

Date

Daytime Phone #

2/23/04 **561-624-4440**