

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 07, 2004 8:00 am**  
**Secretary of State**

05-07-2004 90004 044 \*\*\*\*50.00

DOCUMENT # L02000014753

1. Entity Name  
ALLIED ABSTRACT AND TITLE COMPANY/COVENANT  
SERVICES, LLC



Principal Place of Business

549 WYMORE ROAD NORTH, SUITE 209  
MAITLAND, FL 32751

Mailing Address

549 WYMORE ROAD NORTH, SUITE 209  
MAITLAND, FL 32751

**DO NOT WRITE IN THIS SPACE**



04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
02-0610311

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

BELL, JOHN E  
549 WYMORE ROAD NORTH, SUITE 209  
MAITLAND, FL 32751

**DO NOT WRITE  
IN THIS SPACE**

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**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BELL, JOHN E III
STREET ADDRESS	1121 GLEN GARRY CIR
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/28/04

4076472820