

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2003 8:00 am
Secretary of State

05-15-2003 90015 006 ****50.00

0013818

DOCUMENT # L02000020248

1. Entity Name

FLAGLER TITLE SERVICES, LLC



Principal Place of Business

Mailing Address

**48 EAST FLAGLER STREET PH-105
MIAMI FL 33131**

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MIAMI FL 33131**

10104863

2. Principal Place of Business

48 EAST FLAGLER STREET

3. Mailing Address

48 EAST FLAGLER STREET

Suite, Apt. #, etc.

Suite 251

Suite, Apt. #, etc.

Suite 251

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

4. FEI Number

02-0639295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MOSKOVITZ, ROBERT S ESQ
48 EAST FLAGLER STREET PH-105
MIAMI FL 33131**

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE, NAME ☐ Delete
Member Robert Moskovitz
STREET ADDRESS **48 East Flagler Street, Suite 251**
CITY-ST-ZIP **MIAMI, FL 33131**

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE, NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

TITLE, NAME ☐ Change ☐ Addition
STREET ADDRESS
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 REQUIRED
Robert Moskovitz, Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/12/03
Date

305-377-0684
Daytime Phone #

CR2E083 (10/02)