

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90197 013 ****55.00

DOCUMENT # L02000023117

1. Entity Name

1ST CHOICE TITLE AGENCY, LLC



Principal Place of Business

**10138 US 19
PORT RICHEY FL 34668**

Mailing Address

**10138 US 19
PORT RICHEY FL 34668**

2. Principal Place of Business

9735 U.S. Hwy. 19

Suite, Apt. #, etc.

3. Mailing Address

9735 U.S. Hwy. 19

Suite, Apt. #, etc.

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

City & State

PORT RICHEY, FL

Zip

34668

Country

USA

4. FEI Number

54-2071703

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

**DWYER, MARGARET L
10138 US 19
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent

Name **DWYER, MARGARET L.**

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

9735 U.S. Hwy. 19

City **PORT RICHEY**

FL

Zip Code
34668

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

Margaret L Dwyer

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, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **KEYSTONE TITLE AGENCY, INC.**
STREET ADDRESS **10138 US 19**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 **MGR** ☒ Change ☐ Addition
NAME **KEYSTONE TITLE AGENCY, INC.**
STREET ADDRESS **9735 U.S. HWY. 19**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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

Margaret L Dwyer

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

Date

Daytime Phone #