

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

02-27-2004 90197 012 ****55.00

DOCUMENT # L02000023130

1. Entity Name

STAR 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

55-0795224

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

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

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

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

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 #