

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 08, 2003 8:00 am
Secretary of State

08-08-2003 90060 017 ****50.00

0018305

DOCUMENT # L02000027131

1. Entity Name

SOUTHERN GULF TITLE, L.L.C.



Principal Place of Business

**3629 SOUTH DEL PRADO BLVD.
CAPE CORAL FL 33904**

Mailing Address

**3629 SOUTH DEL PRADO BLVD.
CAPE CORAL FL 33904**

90149402



2. Principal Place of Business

3013 Del Prado Blvd.

3. Mailing Address

3013 Del Prado Blvd.

Suite, Apt. #, etc.

#10

Suite, Apt. #, etc.

#10

City & State

Cape Coral, FL

City & State

Cape Coral, FL

Zip

33904

Country

USA

Zip

33904

Country

USA

4. FEI Number

13-4215783

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

**GENNARO, MICHAEL
4635 DEL PRADO BOULEVARD
CAPE CORAL FL 33904**

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGR			
	BRADSHAW, ROBERT			
	3629 SOUTH DEL PRADO BLVD.			
	CAPE CORAL FL 33904			
	MGR			
	GLASGOW ENTERPRISES, INC.			
	3013 Del Prado Blvd. #10			
	Cape Coral, FL 33904			

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 REQUIRED

8/4/03

Date

Daytime Phone #

CR2E083 (4/03)