

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000028729



Entity Name
ANYAN TITLE OF FLORIDA, L.L.C.

Principal Place of Business

5651 NAPLES BLVD
NAPLES, FL 34109

Mailing Address

5651 NAPLES BLVD
NAPLES, FL 34109



01132006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3067693

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PASTOOR, SANDRA
5651 NAPLES BLVD
NAPLES, FL 34109

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IN THIS SPACE**

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, 2006**

MANAGING MEMBERS/MANAGERS

MGRM	PASTOOR, SANDRA
ADDRESS	5651 NAPLES BLVD
ST-ZIP	NAPLES, FL 34109
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	
ADDRESS	
ST-ZIP	

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01/30/06-80088-002 50.00

**DO NOT WRITE
IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Sandra Pastoor

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

Date

Daytime Phone If

1-20-06 239-593-8301