2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L02000030282

1. Entity Name
ALLIED ABSTRACT/DORFF, LLC

Principal Place of Business	Mailing Address
549 WYMORE ROAD NORTH STE. 209 MAITLAND, FL 32751	549 WYMORE ROAD NORTH STE. 209 MAITLAND, FL 32751

FILED
May 07, 2004 8:00 am
Secretary of State
05-07-2004 90004 041 ****50.00

04232004 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
74-3067595	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BELL, JOHN E III
549 WYMORE ROAD NORTH STE. 209
MAITLAND, FL 32751

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

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BELL, JOHN E III
STREET ADDRESS	549 WYMORE ROAD NORTH STE. 209
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: _____   4/28/04   4016472830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #