

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 30, 2003 8:00 am**  
**Secretary of State**

4/2

04-25-2003 90750 034 \*\*\*\*55.00

**DOCUMENT # L02000030305**

1. Entity Name  
**TITLE AFFILIATES OF SOUTHWEST FLORIDA, L.L.C.**



Principal Place of Business  
**2655 MCCORMICK DRIVE, SUITE 206  
CLEARWATER FL 33759**

Mailing Address  
**2655 MCCORMICK DRIVE, SUITE 206  
CLEARWATER FL 33759**

**44002955**



2. Principal Place of Business

3. Mailing Address

**4855 27th Street West**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

4. FEI Number

**74-3068607**

Applied For

Not Applicable

Zip

Country

Zip

Country

**34207**

**USA**

5. Certificate of Status Desired

☒

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRTLEY, WILLIAM T. ESQ.  
1776 RINGLING BOULEVARD  
SARASOTA FL 34236**

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **Exec V Pres USA Title** ☐ Delete  
NAME **Affiliates Managing member**  
STREET ADDRESS **William Kelly**  
CITY-ST-ZIP **2625 McCormick Dr. Ste 206**  
**Clearwater, FL 33759** ☐ Delete

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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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:** **USA Title Affiliates Inc. Managing Partner**  
**William Kelly**

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

Date **4/21/03** Daytime Phone #

**William Kelly, EXEC V-PRES.**

**727-725-3833**

CR2E083 (10/02)