


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

| | | |
|---|--|---|
| DOCUMENT # L02000030439 | |  |
| 1. Entity Name ALLIED ABSTRACT AND TITLE COMPANY/BOYANI LLC | | |

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

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip. Country | Zip. Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent | |
| BELL, JOHN E III 549 WYMORE ROAD NORTH STE. 209 MAITLAND FL 32751 | |

| | |
|--|----------|
| 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 _____ (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 | managing member John E Bell III 549 Wymore Rd N Ste 209 Maitland, FL 32751 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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| 10. ADDITIONS/CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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 **9403 4076472826**

FILED
 09 SEP 2003 9:00 AM
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA



9/16 ☐ CHECK HERE IF MAKING CHANGES
 4. FEI Number **74-3067572** Applied For ☐ Not Applicable
 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required