

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90004 003 ****50.00

DOCUMENT # L02000030441

1. Entity Name
ALLIED ABSTRACT AND TITLE COMPANY/BDM 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**

DO NOT WRITE IN THIS SPACE

04232004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
74-3067581

Applied For
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**

**DO NOT WRITE
IN THIS SPACE**

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	1121 GLEN GARRY CIRCLE
CITY-ST-ZIP	MAITLAND, FL 32751

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

4/29/04 4076472820

Date

Daytime Phone #