

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000034827

1. Entity Name
ADNORAM TITLE COMPANY, LLC



Principal Place of Business
200 WEST FIRST STREET
SANFORD, FL 32771

Mailing Address
200 WEST FIRST STREET
SANFORD, FL 32771



03102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0721868

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

VON DREELE, WAYNE J
411 CENTRAL PARK DRIVE
SANFORD, FL 32771

**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, 2005**

U000000270253
03/19/05-80043-024 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
HEINLE, RUSSELL
200 WEST 1ST STRET
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DST
WOLF, RONALD W
202 PARK WEST DRIVE
PITTSBURGH, PA 15275

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VON DREELE, WAYNE J
411 CENTRAL PARK DR.
SANFORD, FL 32771

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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

Date

Daytime Phone #

Ronald W. Wolf

3-15-05

(412) 788-7400