

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

517

DOCUMENT # L03000007366

1. Entity Name  
ALLIED ABSTRACT AND TITLE COMPANY/LUU, LLC

Principal Place of Business  
549 WYMORE ROAD NORTH  
SUITE 209  
MAITLAND, FL 32751

Mailing Address  
549 WYMORE ROAD NORTH  
SUITE 209  
MAITLAND, FL 32751

2. Principal Place of Business  
  
Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

City & State

City & State

ZipCountry

ZipCountry

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

7. Name and Address of New Registered Agent  
  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
  
CityFLZip 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

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS  

TITLE NAME STREET ADDRESS CITY-ST-ZIP	man member John E Bell III 1121 Glenadam Circle Maitland FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES  

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/04 4076472820

5/7

May 28, 2004 1:00 PM

Secretary of State

05-07-2004 90004 012 \*\*\*\*50.00

04232004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
27-0046782

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