


**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 18, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90071 028 \*\*\*\*50.00

<b>DOCUMENT # L03000010657</b> 1. Entity Name SOUTHERN ALLIANCE TITLE, LLC	
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Principal Place of Business 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119	Mailing Address 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119
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**34006636**



2. Principal Place of Business 801 Beville Road Suite, Apt. #, etc. 201 City & State South Daytona, FL Zip 32119 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 43-2005106 Applied For Not Applicable
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04292004 Chg-LLC CR2E083 (10/03)

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

6. Name and Address of Current Registered Agent  STEIN, W. JEFFRY ESQ 1420 ALAFAYA TRAIL, SUITE 101 OVIEDO, FL 32765
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7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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 re-registering) 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	MGR <input type="checkbox"/> Delete SOUTHERN TITLE SUPPORT GROUP, LLC 2335 BEVILLE ROAD DAYTONA BEACH, FL 32119

10. ADDITIONS/CHANGES	
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:** Shelly Smith, President 4/28/04 386-760-9010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #