

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90024 032 \*\*\*\*50.00

**DOCUMENT # L03000010657**

1. Entity Name  
**SOUTHERN ALLIANCE TITLE, LLC**



Principal Place of Business  
**801 BEVILLE RD  
201  
DAYTONA BEACH, FL 32119**

Mailing Address  
**2335 BEVILLE ROAD  
DAYTONA BEACH, FL 32119**

**20044419**

2. Principal Place of Business  
**801 Beville Road**

3. Mailing Address

Suite, Apt. #, etc.  
**Suite 201C**

Suite, Apt. #, etc.

04262006 Chg-LLC CR2E083 (11/05)

City & State  
**South Daytona, FL**

City & State

4. FEI Number  
**43-2005106**

Applied For  
Not Applicable

Zip  
**32119**

Country  
**Volusia**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEPPLER, THOMAS R ESQ  
1420 ALAFAYA TRAIL, SUITE 101  
OVIEDO, FL 32765**

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

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, 2006**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SOUTHERN TITLE SUPPORT GROUP, LLC  
2335 BEVILLE ROAD  
DAYTONA BEACH, FL 32119** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Shelley Stewart*

**Shelley Stewart, President 4/26/06 386-760-9010**

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

Date

Daytime Phone #