

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000019171

1. Entity Name  
TITLE AFFILIATES OF GREATER KISSIMMEE, L.L.C.



SECRET  
DIVISION  
07 DEC 28 AM 11:55

Principal Place of Business  
4900 CREEKSIDE DRIVE  
SUITE F  
CLEARWATER, FL 33760

Mailing Address  
101 GATEWAY CENTRE PARKWAY  
GATEWAY ONE  
RICHMOND, VA 23235

2. Principal Place of Business - No P.O. Box #  
4809 Ehrlich Rd.

3. Mailing Address  
4809 Ehrlich Rd.

Suite, Apt. #, etc.  
#105

Suite, Apt. #, etc.  
#105

City & State  
Tampa, FL

City & State  
Tampa, FL

Zip  
33624

Country  
US

Zip  
33624

Country  
US

12182007 REIN-LLC CR2E101 (1/07)

4. FEI Number  
03-0521085

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

KIRTLEY, WILLIAM T ESQ  
1776 RINGLING BOULEVARD  
SARASOTA, FL 34236

## 7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2008, Fee will be \$200.00**

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

## 9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM USA TITLE AFFILIATES, INC 101 GATEWAY CENTRE PARKWAY RICHMOND, VA 23235	<input checked="" 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM AT HOME REALTY 5837 DAHLIA DR. ORLANDO, FL 32807	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RUTH ASSOCIATES, INC. 923 N. JOHN YOUNG PKWY KISSIMMEE, FL 34741	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	300113436363 12/27/07--01029--011 **150.00	<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 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: *KOGEAL*

Karen O. Earls

12-26-07

(804) 267-8555

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

Date

Daytime Phone #