

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000025393

1. Entity Name
J & K TITLE AGENCY LLC



Principal Place of Business

**1012 EAST AVENUE
CLERMONT, FL 34711 US**

Mailing Address

**1012 EAST AVENUE
CLERMONT, FL 34711 US**



01242006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0084143

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SUTHERLAND, LOUIS A
1012 EAST AVENUE
CLERMONT, FL 34711**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

000000550583
05/13/06-80064-023 50.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
STEPHENSON, HEATHER A
1104 E ROBINSON ST
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
PERDUE, JEFFREY E
4500 SOUTHSORE DRIVE
ORLANDO, FL 32839**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
SUTHERLAND, LOUIS A
1104 E ROBINSON ST
ORLANDO, FL 32801**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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:

Louis A. Sutherland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-26-06

407-812-8800

Date

Daytime Phone #