

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90273 009 ****50.00

DOCUMENT # L03000027093

1. Entity Name
TMB TITLE GROUP, LLC



Principal Place of Business
1395 OAKFIELD DRIVE
BRANDON, FL 33511

Mailing Address
1395 OAKFIELD DRIVE
BRANDON, FL 33511

24025374



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number

77-0604876

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARRITY, RYAN O
2075 CENTRE POINTE BLVD.
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name First American Affiliates, Inc.
Street Address (P.O. Box Number is Not Acceptable)
2075 Centre Pointe Boulevard
City Tallahassee FL 32308

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

Ryan Garrity as VP of First American Affiliates Inc 3/17/04
Signature, typed or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when 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 MGRM ☐ Delete
NAME FIRST AMERICAN AFFILIATES
STREET ADDRESS 2075 CENTRE POINTE BLVD.
CITY-ST-ZIP TALLAHASSEE, FL 32308

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

3/11/04 850 400-4101
Daytime Phone #