

ANNUAL REPORT

DOCUMENT # L03000038496

1. Entity Name
LAKE CITY TITLE, LLC



FILED
Mar 07, 2005 8:00 am
Secretary of State

03-07-2005 90062 002 ****50.00

Principal Place of Business
116 NW COLUMBIA AVENUE
LAKE CITY, FL 32056

Mailing Address
POST OFFICE BOX 1029
LAKE CITY, FL 32056



01132005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0709715

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALEY, WILLIAM J
116 NW COLUMBIA AVENUE
LAKE CITY, FL 32056

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HALEY, WILLIAM J
116 NW COLUMBIA AVE.
LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

William J. Haley

William J. Haley

2/23/05