

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90016 036 ****55.00

DOCUMENT # L03000039659

1. Entity Name

AZURE TITLE SERVICES, LLC



Principal Place of Business

829 IDLEWILD WAY
SARASOTA FL 34242
US

Mailing Address

829 IDLEWILD WAY
SARASOTA FL 34242
US

24065565



MOORE CR2E083 (11/03)

2. Principal Place of Business

7466 South Osprey Ave

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

4. FEI Number

51-048455

Applied For

Not Applicable

Zip

34242

Country

US

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

SYPRETT, MESHAD, RESNICK, LIEB, ESQ.
1900 RINGLING BLVD
SARASOTA FL 34237

Name

N/A

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

Schaemers

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/04

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME DENTICI, TAMMY M
STREET ADDRESS 829 IDLEWILD WAY
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE MGRM ☐ Delete
NAME CHALMERS, ALICIA G
STREET ADDRESS 7546 FAIRLINKS CT
CITY-ST-ZIP SARASOTA FL 34243

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

TITLE MGRM ☒ Delete
NAME MOORE, WILLIAM JR.
STREET ADDRESS 829 IDLEWILD WAY
CITY-ST-ZIP SARASOTA FL 34242

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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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:

Schaemers

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

4/30/04 941-316-0313

Date

Daytime Phone #