

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000048738

1. Entity Name
HOME TOWN TITLE OF NORTH FLORIDA, LLC



Principal Place of Business
**2744 US HIGHWAY 90 WEST
LAKE CITY, FL 32055 US**

Mailing Address
**2744 US HIGHWAY 90 WEST
LAKE CITY, FL 32055 US**



04262006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

16-1688511

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAIER, FRANK P ESQ
4041 NW 37TH PLACE
SUITE B
GAINESVILLE, FL 32606**

**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

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
SAIER, FRANK M
4041 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
DELANEY, PHILIP A
4041 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
IVEY, RAYMOND M
4041 NW 37TH PLACE, SUITE B
GAINESVILLE, FL 32606**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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05/16/06-80054-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #