

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000056301

**Entity Name:** SURE TITLE, LLC

**FILED**  
**Oct 15, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 61-1464536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHWARTZ, JAMES  
235 NORTH GARDEN AVENUE  
CLEARWATER, FL 33755 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JIM SCHWARTZ

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: YOCKENFLOSTER, LLC  
Address: 235 NORTH GARDEN AVENUE  
City-St-Zip: CLEARWATER, FL 33755

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JIM SCHWARTZ

PRES

10/15/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date