

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2007 8:00 am**  
**Secretary of State**

03-13-2007 90121 029 \*\*\*\*50.00

**DOCUMENT # L04000011491**

1. Entity Name

JEFFERSON TITLE OF FLORIDA, L.L.C.



Principal Place of Business

2442B SAND LAKE ROAD  
ORLANDO, FL 32809

Mailing Address

2442B SAND LAKE ROAD  
ORLANDO, FL 32809

60023422



02212007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

20-0715480

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.  
420 SOUTH ORANGE AVE.  
SUITE 1200  
ORLANDO, FL 32801-4904

**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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LONDONO, FELIPE
STREET ADDRESS	2442 SAND LAKE ROAD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	MGRM
NAME	PALA NCA, CARMEN
STREET ADDRESS	2442 SAND LAKE ROAD
CITY-ST-ZIP	ORLANDO, FL 32809
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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 #

2/21/2007

407-472-0260