

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90167 047 ****50.00

DOCUMENT # L04000031318		
1. Entity Name SUN GULF TITLE OF ORLANDO L.L.C.		

Principal Place of Business 31564 US HWY 19 NORTH PALM HARBOR, FL 34684	Mailing Address 31564 US HWY 19 NORTH PALM HARBOR, FL 34684
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20005004

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1250302	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6.-Name and Address of Current Registered Agent		7.-Name and Address of New Registered Agent	
GUJU, MICHAEL J 31564 US HWY 19 NORTH PALM HARBOR, FL 34684		Name	
		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	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee Is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUJU, MICHAEL J 31564 US HWY 19 NORTH PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EQUITY NATIONAL TITLE, L.L.C. 31564 US HWY 19 NORTH PALM HARBOR, FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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:	<i>Owner</i>	<i>1/16/06</i>	<i>727-526-3529</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #