

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000033356

1. Entity Name
POLK COUNTY TITLE, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

OCT 13 AM 9:23

Principal Place of Business
2941 DUFF ROAD
SUITE 11
LAKELAND, FL 33810

Mailing Address
1411 12TH STREET
KEY WEST, FL 33040

2. Principal Place of Business

3. Mailing Address

2941 Duff Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 11

City & State

City & State

Lakeland, FL

Zip

Country

Zip

33810

Country

U.S.A.

10122006 REIN-LLC CR2E101 (11/05)

4. FEI Number
90-0182199

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GALLAGHER, ANN A
1411 12TH STREET
KEY WEST, FL 33040

7. Name and Address of New Registered Agent

Name
Corres Insua

Street Address (P.O. Box Number is Not Acceptable)

2937 Duff Road

City

Lakeland

FL

Zip Code 33810

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

Corres Insua

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

(NOTE: Registered Agent signature required when reinstating)

10/12/06

DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2007, Fee will be \$200.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
GALLAGHER, JOHN A
1411 12TH STREET
KEY WEST, FL 33040 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Gallagher, John A.
2941 Duff Road
Lakeland, FL 33810 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700080832247
10/12/06--01058--002 **155.00 ☐ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
2006 ☐ Change ☐ Addition

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

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:

John A. Gallagher

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

10/12/06 (863) 529-9883

Date

Daytime Phone #