

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90026 016 ****50.00

DOCUMENT # L04000039930

1. Entity Name
LEASE ABSTRACT SERVICES LLC



Principal Place of Business
**6511 TURNERS GAP RD
BRADENTON, FL 34203**

Mailing Address
**6511 TURNERS GAP RD
BRADENTON, FL 34203**

20019178



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

6511 Turners Gap Rd.

Suite, Apt. #, etc.

6511 Turners Gap Rd

City & State

City & State

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

01-0776706

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WOOLLEY, CATHY
6511 TURNERS GAP RD
BRADENTON, FL 34203**

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

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

(NOTE: Registered Agent signature required when restate)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOLLEY, CATHY
6511 TURNERS GAP RD
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6511 Turners Gap Rd. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WOOLLEY, JOHN
6511 TURNERS GAP RD
BRADENTON, FL 34203** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6511 Turners Gap Rd. ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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 exemption stated in Section 119.07(3)(i), 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: *Cathy Woolley*

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

1/10/05

Date

941-739-3974

Daytime Phone #