

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Feb 28, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # L04000046835**

1. Entity Name  
**NATIONAL TITLE & ESCROW SERVICES OF FLORIDA,  
LLC**



Principal Place of Business

**3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237 US**

Mailing Address

**3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237 US**



02032006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-1278755**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BLUM, KEVIN R  
3277 FRUITVILLE ROAD  
D2  
SARASOTA, FL 34237**

**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, 2006**

**1100000452339  
03/11/06-80023-013 50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
BLUM, KEVIN R  
3277 FRUITVILLE ROAD, UNIT D2  
SARASOTA, FL 34237**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

**2/2/06**

Date

**446-724-8284**

Daytime Phone #