

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90022 025 ****50.00

DOCUMENT # L04000049316

1. Entity Name
ADVANTAGE TITLE OF THE TREASURE COAST, L.L.C.



Principal Place of Business
**516 S.W. CAMDEN AVENUE
STUART, FL 34994**

Mailing Address
**516 S.W. CAMDEN AVENUE
STUART, FL 34994**

20026926



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number

20-1370081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MURPHY, JOSEPH A III
516 S.W. CAMDEN AVENUE
STUART, FL 34994**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

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

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **MURPHY, JOSEPH A III**
STREET ADDRESS **4231 SW MALLARD CREEK TRAIL**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE **MGRM** ☐ Delete
NAME **FAIRLEY, TERI**
STREET ADDRESS **1144 SW IRVING STREET**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **MGRM** ☐ Delete
NAME **ANDERSON, WILLIAM D JR**
STREET ADDRESS **1710 SW CRANE CREEK AVENUE**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #

4/4/05 772-283-2411