

# 2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000054433

**FILED**  
**Oct 02, 2006**  
**Secretary of State**

**Entity Name:** OXFORD TITLE COMPANY, L.L.C.

**Current Principal Place of Business:**

1102 E. MOODY BLVD.  
BUNNELL, FL 32110

**New Principal Place of Business:**

111 N STATE STREET  
1A  
BUNNELL, FL 32110

**Current Mailing Address:**

PO BOX 819  
BUNNELL, FL 32110

**New Mailing Address:**

PO BOX 816  
BUNNELL, FL 32110

**FEI Number:** 20-1407945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOWELL, SIDNEY M ESQ  
1102 E. MOODY BLVD.  
BUNNELL, FL 32110 US

**Name and Address of New Registered Agent:**

RICHARDSON, NOEL  
4721 E. MOODY BLVD  
108  
BUNNELL, FL 32110 US

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.

SIGNATURE: NOEL RICHARDSON

10/02/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: NOWELL, SIDNEY M  
Address: 1102 E. MOODY BLVD.  
City-St-Zip: BUNNELL, FL 32110

Title: MGR ( ) Delete  
Name: HERON, HERBERT  
Address: 195 WELLINGTON DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: MGR (X) Delete  
Name: RICHARDSON, NOEL  
Address: 195 WELLINGTON DRIVE  
City-St-Zip: PALM COAST, FL 32164

Title: MGR (X) Delete  
Name: QUINN, OLIVER  
Address: 201 PEMBERTON AVENUE  
City-St-Zip: PLAINFIELD, NJ 070602853

Title: MGRM (X) Delete  
Name: QUINN, MARK  
Address: 34 VANDOREN AVENUE  
City-St-Zip: SOMERSET, NJ 088732734

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RICHARDSON, NOEL  
Address: 4721 E MOODY BLVD, 108  
City-St-Zip: BUNNELL, FL 32110

Title: MGR (X) Change ( ) Addition  
Name: HERON, HERBERT  
Address: 4721 E MOODY BLVD 108  
City-St-Zip: BUNNELL, FL 32110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SIDNEY M NOWELL

MGR

10/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date