

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-29-2005 90030 048 ****50.00

DOCUMENT # L04000059476					
1. Entity Name VISION TITLE OF BAY COUNTY, LLC					
Principal Place of Business 668 N. ORLANDO AVE #1007 MAITLAND, FL 32751			Mailing Address 668 N. ORLANDO AVE #1007 MAITLAND, FL 32751		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 20-1492480			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BARTLE, DOUGLAS W III 668 N. ORLANDO AVE #1007 MAITLAND, FL 32751			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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 _____ DATE _____ (Signature, typed or printed name of registered agent and date is applicable. NOTE: Registered Agent signature required when amending.)					
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	CEO Doug Bartle 668 N. Orlando Ave, #1007 Maitland, FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Sharon Howard 668 N. Orlando #1007 Maitland, FL 32751	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARD MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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