


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90107 009 ****50.00

DOCUMENT # L04000077499 1. Entity Name COASTAL FLORIDIAN TITLE & ESCROW, L.L.C.					
Principal Place of Business 125 SOUTH ALCANIZ STREET, STE. ONE PENSACOLA, FL 32502			Mailing Address P.O. BOX 13404 PENSACOLA, FL 32591		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
REGAN, SHARON D 125 SOUTH ALCANIZ STREET, STE. ONE PENSACOLA, FL 32502			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="float: right; text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGRM		TITLE		
NAME	MITCHELL, WM.L ROD		NAME		
STREET ADDRESS	125 SOUTH ALCANIZ STREET, STE. ONE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE	MGRM		TITLE		
NAME	REGAN, SHARON D		NAME		
STREET ADDRESS	125 SOUTH ALCANIZ STREET, STE. ONE		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32502		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <i>Sharon D Regan</i> (850) 439-1000 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small> <small>Daytime Phone #</small>					

20052432



03172005 Chg-LLC CR2E083 (10/03)

4. FEI Number **20-2262218** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required