## 104000084484

(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MLS Title LLC (Name of I	Limited Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered (	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
Susan Malach		
(Name of Person)	TA'S C	
MLS Title LLC	O7 NOV SECRE IA	
(Firm/Company)	SSE 5	
6831 Palisades Park Court, Ste. 1	AM II: 10 OF STATE E.FLORIDA	
(Address)	ORIG	
Fort Myers, FL 33912	<b>A A</b>	
(City/State and Zip Code)		
For further information concerning this matt	tter, please call:	
Susan Malach	at (239 ) 768-7050	
(Name of Person)	(Area Code & Daytime Telephone Number)	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following	ing amount:	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the State	e of Florida.		ou ojjito or regionere
1. The name of the limite	ed liability company is: 1	ALS Title LLC	
2. The mailing address of	f the limited liability com	pany is : 6831 Palisades Park Co	urt, Ste. 1
Fort Myers, FL 33912			3 2 3
11/19/2004		L04000084484	LL PROPERTY OF THE PARTY OF THE
3. Date of filing/registration		4. Document number	
5. The name of the register Florida Department of	ered agent and the registe State:	red office address as shown on t	he records of the
		maker, Loop & Kendrick, LLP)	題う
		Name	Ø.''
	101 East Kennedy Blvd	-	
		ddress	
	Tampa, FL 33602	ate and Zip	
7 T1 1 1 1 1	•	•	
6. The name and address of	of the new registered age	nt and/or office:	
	Susan Malach		
		ime	
	6831 Palisades Park Co	<u> </u>	
	Florida street address (	P.O. Box NOT acceptable)	
	Fort Myers,	FL 33912	
	City, Sta	te and Zip	
confirmed that after the cl and the business office of liability company, it is he	hange or changes are made the registered agent will reby confirmed that the conted liability company on the limited liability of the liability of	der the laws of the State of Floride, the Florida street address of the identical. Or, in the case of a hange(s) was/were authorized by as otherwise provided in the articompany.	he registered office a Florida limited v an affirmative vote
Susan Malach			
(Printed or typed name of signee)			
I hereby accept the appoint the comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as registered age is of all statutes relative t d accept the obligations his document is being fil that the limited liability	nt and agree to act in this capac o the proper and complete perfo of my position as registered ager ed to merely reflect a change in t company has been notified in wr	ity. I further agree to rmance of my duties, at as provided for in the registered office riting of this change.

(Signature of Registered Agent)