## **2007 LIMITED LIABILITY COMPANY**

## **ANNUAL REPORT**

## DOCUMENT # L04000089570

1. Entity Name
ASSURE TITLE, LLC



**FILED** 

Feb 05, 2007 8:00 am Secretary of State 02-05-2007 90201 021 \*\*\*\*50.00

				1	<u> </u>					
Principal Place of Business 3993 ARLINGTON DR PALM HARBOR, FL 34685		Mailing Address 3993 ARLINGTON DR PALM HARBOR, FL 34685								
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02012007	Chg-LLC	CRSEO	83 (12/06)	
City & State		City & State				4. FEI Numbe				pplied For
7io County		7:-				20-2006	6456		IN	ot Applicable
Zip	Country	Zip	Count	try		5. Certificate	of Status Desired		\$5.00 Ad Fee Requir	lditional ed
	6. Name and Address of Current	Registered Agent				7. Name and	Address of New R	egistered /	gent	
BAKER, G	SARY H 💘 🤏	Name								
3993 ARL	INGTON DR <sup>?</sup> RBOR, FL 34685	Street Addres			dress (P	s (P.O. Box Number is Not Acceptable)				
	NBON, 12 04000									
!				City				FL	Zip Co	de
	e named entity submits this statement for tions of registered agent.	ed office or r	registere	d agent, or bot	h, in the State of Flo	orida. I am t	amiliar with	, and accept		
SIGNATURE	<u> </u>								· · · · · · · · · · · · · · · · · · ·	
	Signature, typed or particular name of registered agent	and title if applicable. (NOTE	: Registered	Agent signature	e required v	vhen reinstating)		DATE		
	iling Fee is \$50.00 ue by May 1, 2007							e check p Departm	•	te
9.	MANAGING MEMBI	ERS/MANAGERS	10.				ADDITIONS/	CHANGES		
TITLE NAME	MGRM BAKER, GARY H	☐ Delete	TITLE						☐ Change	☐ Addition
STREET ADDRESS	3993 ARLINGTON DR		NAME	ET ADDRESS						
CITY-ST-ZIP	PALM HARBOR, FL 34685		CITY-	-ST-ZIP						
TITLE	MGRM	☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS	SAMSON, FREDERIC 4294 14TH LANE NE		NAME STREE	ET ADDRESS						
CITY-ST-ZIP	ST. PETERSBURG, FL 33703			-ST-ZIP						
TITLE NAME		Delete	TITLE		MC	RM	ens Tanner BIVQ Ils , Florid		☐ Change	Addition
STREET ADDRESS			NAME	ET ADDRESS	571	O Gall	RIVA.			
CITY-ST-ZIP			CITY-	-ST-ZIP	Źe,	phurhi	ils Florid	a 33	542	
TITLE NAME		Delete	TITLE		MG	$R^{\prime}$	,		☐ Change	Addition
STREET ADDRESS			NAME STREE	ET ADDRESS	Way	ne Tany	o ind.	•	,	
CITY - ST - ZIP			CITY-	-ST-ZIP	20	phyrhi	Ils. Flor	idu 3	3542	Addition  Addition
TITLE		☐ Delete	TITLE		0	J	,		Change	Addition
NAME STREET ADDRESS			NAME STREE	ET ADDRESS						
CITY-ST-ZIP				-ST-ZIP						
TITLE		☐ Delete	TITLE						☐ Change	Addition
NAME STREET ADDRESS			NAM	E Et address						
CITY-ST-ZIP				-ST-ZIP						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: