

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000039281

**FILED**  
**Oct 25, 2006**  
**Secretary of State**

**Entity Name:** WARRANTY REAL ESTATE SERVICES LLC

**Current Principal Place of Business:**

7290 COLLEGE PARKWAY  
425  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

**Current Mailing Address:**

7290 COLLEGE PARKWAY  
425  
FORT MYERS, FL 33907 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

BROWN, DAVID M  
7290 COLLEGE PARKWAY  
425  
FORT MYERS, FL 33907 US

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

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: DAVID M. BROWN

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BROWN, DAVID M  
Address: 7290 COLLEGE PARKWAY SUITE 425  
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM ( ) Delete  
Name: BROWN, ROBERT D  
Address: 7290 COLLEGE PARKWAY SUITE 425  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES:**

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: DAVID M. BROWN

MGRM

10/25/2006

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