

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90039 020 ****50.00

DOCUMENT # L05000042542

1. Entity Name
LAKESHORE TITLE AND ESCROW, LLC



Principal Place of Business

900 E OCEAN BLVD
SUITE 210B
STUART, FL 34994

Mailing Address

900 E OCEAN BLVD
SUITE 210B
STUART, FL 34994

60030781



03152007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

14-1936406

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARVIN, WES II
900 E OCEAN BLVD STE 210B
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SAN MARTIN, DAVE M
STREET ADDRESS 900 EAST OCEAN BLVD STE 210-B
CITY-ST-ZIP STUART, FL 34994

TITLE MGRM
NAME PINNOCK, DUANE L
STREET ADDRESS 900 EAST OCEAN BLVD STE 210-B
CITY-ST-ZIP STUART, FL 34994

TITLE MGRM
NAME PINNOCK, DUANE L
STREET ADDRESS 900 E OCEAN BLVD STE 210B
CITY-ST-ZIP STUART, FL 34994

TITLE MGRM
NAME HARVIN, WES II
STREET ADDRESS 900 E OCEAN BLVD STE 210B
CITY-ST-ZIP STUART, FL 34994

TITLE MGRM
NAME HARVIN, WESLEY R
STREET ADDRESS 900 E OCEAN BLVD STE 210B
CITY-ST-ZIP STUART, FL 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Wes Harvin II 3/20/07 572-236-3630