

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000054392

FILED
Oct 14, 2009
Secretary of State

Entity Name: SEACOAST TITLE AND ESCROW, LLC

Current Principal Place of Business:

500 WEST CYPRESS CREEK RD
SUITE 630
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

1501 SE 14 STREET
DEERFIELD BEACH, FL 33441

Current Mailing Address:

500 WEST CYPRESS CREEK RD
SUITE 630
FORT LAUDERDALE, FL 33309

New Mailing Address:

1501 SE 14 STREET
DEERFIELD BEACH, FL 33441

FEI Number: 74-3147238 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NILES, CHRISTOPHER D
2400 E. COMMERCIAL BLDV. #208
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

ROSS, GINI
1501 SE 14 STREET
DEERFIELD BEACH, FL 33441 US

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: GINI ROSS

10/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ROSS, GINI
Address: 500 WEST CYPRESS CREEK ROAD, SUITE 630
City-St-Zip: FORT LAUDERDALE, FL 33309

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSS, GINI
Address: 1501 SE 14 STREET
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify 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: GINI ROSS

MGR

10/14/2009

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