

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000109046

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Entity Name:** SAFE AND SECURE TITLE, LLC

**Current Principal Place of Business:**

101 PINEAPPLE GROVE WAY  
DELRAY BEACH, FL 33444

**New Principal Place of Business:**

101 PUGLIESE'S WAY  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

101 PINEAPPLE GROVE WAY  
DELRAY BEACH, FL 33444

**New Mailing Address:**

101 PUGLIESE'S WAY  
DELRAY BEACH, FL 33444

**FEI Number:** 20-3774107

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

PORTNER, HENRY N  
101 PINEAPPLE GROVE WAY  
DELRAY BEACH, FL 33444 US

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

REAMER, JOSEPH  
101 PUGLIESE'S WAY  
DELRAY BEACH, FL 33444 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: JOSEPH REAMER

09/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PUGLIESE, ANTHONY V III  
Address: 101 PINEAPPLE GROVE WAY  
City-St-Zip: DELRAY BEACH, FL 33444

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PUGLIESE, ANTHONY V III  
Address: 101 PUGLIESE'S WAY  
City-St-Zip: DELRAY BEACH, FL 33444

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: ANTHONY V. PUGLIESE, III

MGRM

09/17/2007

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