

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-25-2007 90115 006 ****50.00
L06000030292

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000030292	
1. Entity Name CAMBRIDGE TITLE AND TRUST, LLC	



Principal Place of Business 2295 SOUTH HIAWASSEE RD SUITE 414 ORLANDO, FL 32835	Mailing Address 2295 SOUTH HIAWASSEE RD SUITE 414 ORLANDO, FL 32835
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06192007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4541431 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	
BYRD, ROBIN U 5389 CONROY ROAD SUITE 103 ORLANDO, FL 32811	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 a registered agent.

SIGNATURE Robin U. Byrd (NOTE: Registered Agent signature required when reinstating)

DATE 6/21/07

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BYRD, ROBIN U 5389 CONROY ROAD, SUITE 103 ORLANDO, FL 32811 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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: Robin U. Byrd ROBIN U. BYRD 6/21/07 872-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #