

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90334 029 ****50.00

DOCUMENT # L06000055282

1. Entity Name
HOMELIFE TITLE, LLC



Principal Place of Business
**3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957 US**

Mailing Address
**3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957 US**



2. Principal Place of Business - No P.O. Box #
3731 N.E. PINEAPPLE AVE.

3. Mailing Address
3731 N.E. PINEAPPLE AVE.

Suite, Apt. #, etc.
SUITE C200

Suite, Apt. #, etc.
SUITE C200

City & State
JENSEN BEACH, FL

City & State
JENSEN BEACH, FL

Zip
34957

Country
USA

Zip
34957

Country
USA

02122007 Chg-LLC CR2E083 (12/06)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOX, M. LANNING
3473 SE WILLOUGHBY BLVD
STUART, FL 34994**

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 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**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
DOSS, ARDEN JR.
3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
MOTTRAM DOSS, RENEE
3350 NW ROYAL OAK DRIVE
JENSEN BEACH, FL 34957** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ATLAS TITLE & ESCROW SERVICES, INC.
1501 ROBERT J. CONLAN BLVD., STE. 100
PALM BAY, FL 32905** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**3731 N.E. PINEAPPLE AVE. - SUITE C200
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☒ Change ☐ Addition
**3731 N.E. PINEAPPLE AVE. - SUITE C200
JENSEN BEACH, FL 34957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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:

Arden M. Doss **RENEE M. DOSS**

4/30/07

772-692-7800

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

Date

Daytime Phone #