

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90033 037 ****50.00

DOCUMENT # L06000055786

1. Entity Name
LAND RECORD ABSTRACTS, LLC



Principal Place of Business
10464 MYRTLE OAK LANE
LARGO, FL 33777

Mailing Address
10464 MYRTLE OAK LANE
LARGO, FL 33777

60052452



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07112007 Chg-LLC CR2E083 (12/06)

4. FEL Number
20-4956125

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HERB, SYLVIA
10464 MYRTLE OAK LANE
LARGO, FL 33777

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 14, 2007**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERB, SYLVIA 10464 MYRTLE OAK LANE LARGO, FL 33777 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Sylvia J. Herb* 7/11/07 727-399-5962
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #