

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 039 ****50.00

DOCUMENT # L06000064768

1. Entity Name
PACIFIC TITLE & ABSTRACT, LLC



Principal Place of Business
**550 REO STREET STE 201-A
TAMPA, FL 33609**

Mailing Address
**550 REO STREET STE 201-A
TAMPA, FL 33609**

00001106

2. Principal Place of Business - No P.O. Box #
8370 W. Hillsborough Ave

3. Mailing Address
8370 W. Hillsborough Ave

Suite, Apt. #, etc.
Suite 208

Suite, Apt. #, etc.
Suite 208

03282007 Chg-LLC CR2E083 (12/06)

City & State
Tampa

City & State
Tampa

4. FEI Number
20-5085707

Applied For
Not Applicable

Zip
33615

Country
USA

Zip
33615

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITELLO, JOSEPH JR
550 REO STREET STE 201-A
TAMPA, FL 33609**

Name
Vitello, Joseph Jr.

Street Address (P.O. Box Number is Not Acceptable)
8370 W. Hillsborough Ave

Suite 208

City
Tampa

FL

Zip Code
33615

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 restate)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BACKER, RONALD
4507 SOUTH FERNOCROFT CIRCLE
TAMPA, FL 33629** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VITELLO, JOSEPH JR
8708 THORNWOOD LANE
TAMPA, FL 33615** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CLENENING, JAMES W
3852 HENDERSON BOULEVARD
TAMPA, FL 33615** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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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:

Joseph Vitello Jr., Mgrm 3/26/07 813-282-8199

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

Date

Daytime Phone #