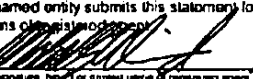
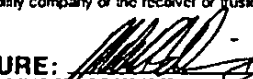


FILED
Apr 12, 2007 8:00 am
Secretary of State

30004589

DOCUMENT # L06000084263		03-14-2007 90213 030 ****50.00	
1. Entity Name COASTLINE TITLE OF PINELLAS, LLC			
Principal Place of Business 11882 WALKER AVENUE SEMINOLE FL 33772		Mailing Address 11882 WALKER AVENUE SEMINOLE FL 33772	
2. Principal Place of Business - No P.O. Box # 8200 113th ST. N Suite, Apt. #, etc. STE 101 City & State Seminole FL Zip 33772 Country USA		3. Mailing Address 8200 113th ST. N Suite, Apt. #, etc. STE 101 City & State Seminole FL Zip 33772 Country USA	
6. Name and Address of Current Registered Agent BEHRENFELD, CRAIG E 601 BAYSHORE BOULEVARD TAMPA FL 33606		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 the registered agent.			
SIGNATURE:  Michael S. Valand		DATE: 3-5-07	
NOTE: (Registered Agent's Signature not used when changing)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
1111 NAME: Managing Member STREET ADDRESS: Michael S. Valand CITY-STATE-ZIP: 11882 Walker Ave Seminole, FL 33772		1111 NAME: ☐ Delete	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
1111 NAME: ☐ Delete		1111 NAME: ☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  Michael S. Valand		DATE: 3-5-07	
NOTE: (Registered Agent's Signature not used when changing)			