

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90022 015 ***138.75

DOCUMENT # L07000070022

1. Entity Name
MERITAGE TITLE AGENCY, LLC



Principal Place of Business
**5600 NORTH FLAGLER DRIVE #803
WEST PALM BEACH, FL 33407**

Mailing Address
**5600 NORTH FLAGLER DRIVE #803
WEST PALM BEACH, FL 33407**

60028262

2. Principal Place of Business - No P.O. Box #
8461 Lake Worth Rd

3. Mailing Address
Same as

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
#2

City & State
Lake Worth FL

City & State

Zip
33467

Country
USA

Zip

Country



01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
26-0478662

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name
Mike Wilson

Street Address (P.O. Box Number is Not Acceptable)
5600 N Flagler Drive # 803

City
West Palm Beach

FL Zip Code
33407

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 1/18/08 (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILSON, MIKE 5600 NORTH FLAGLER DRIVE #803 WEST PALM BEACH, FL 33407 <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: 1/18/08 561 209 6807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #