

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072853

FILED
Apr 03, 2009
Secretary of State

Entity Name: TIDAL TITLE, L.L.C.

Current Principal Place of Business:

3947 BOUELEVARD CENTER DRIVE
SUITE 101
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3947 BOUELEVARD CENTER DRIVE
SUITE 101
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 26-0530618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SARRIS, GUST G
3947 BOULEVARD CENTER DRIVE
SUITE 101
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SARRIS, GUST G
Address: 8009 FLEUR DE LIS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGRM () Delete
Name: SYFERT, GRAHAM W
Address: 13715 RICHMOND PARK DRIVE N 807
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM () Delete
Name: KANYAR, MILAGROS S
Address: 5407 FERN CREEK DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUST G. SARRIS, ESQ.

MGRM

04/03/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date