

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

27.
2737.

03-20-2008 90180 028 ****88.75
02-21-2008 90069 006 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L07000095767**
1. Entity Name
ALL PERFORMANCE TITLE LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
10151 CORTEZ BLVD
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
BROOKSVILLE, FL
Zip
34613 Country

City & State
Zip Country

4. FEI Number
26-1098630
Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
LISA A. WILLIAMS
Street Address (P.O. Box Number is Not Acceptable)
10151 CORTEZ BLVD
City
BROOKSVILLE FL Zip Code
34613

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. DATE

Make Check Payable to Department of State
DUE BY MAY 11, 2008

9. MANAGING MEMBERS/MANAGERS			
TITLE	MANAGING MEMBER	TITLE	
NAME	LISA A. WILLIAMS	NAME	
STREET ADDRESS	9130 MANETTA RD.	STREET ADDRESS	
CITY-ST-ZIP	BROOKSVILLE, FL 34613	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lisa Williams* Date: *2/1/08* 352 586 825

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



ATTACHMENT
All Performance Title LLC

30004724

L07000095167

Florida Department of State
Division of Corporation

April 22, 2008

After receiving this letter I was confused by what was needed, I called and spoke to Agnes on April 18th and she was very helpful to me. I'm the Managing Member only, therefore I was told to white out the other 2 members because they are not Managing Members and since they are not they don't need to be shown. I'm sorry for the delay in getting this filed. I hope this will correct the problem.

Thank you

Lisa A. Williams
Managing Member