


FILE NOW: Fee after May 1, will be \$588.75

**APPROVED
AND
FILED**

1997 APR 24 AM 10:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

FILING FEE \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
--------------------------------	---

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L93000000159**

SINGLE SEARCH NATIONAL, A LIMITED COMPANY
13176 N. DALE MABRY
SUITE 202
TAMPA FL 33618

1a. Principal Place of Business Address

13176 N. DALE MABRY
SUITE 202
TAMPA FL 33618

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06/01/1993

FL

City & State

City & State

4. FEI Number

☐ Applied For

☐ Not Applicable

59-2962967

5. Date of Last Report

6. Certificate of Status Desired

☐ Additional Fee Required

04/15/1996

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

BENTSEN, LISA D
13176 N. DALE MABRY
SUITE 202
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

DATE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
-----------	---------------------------	-------------------------	--------------------------

MEM	BENTSEN, LISA D	13176 N. DALE MABRY STE. 2	TAMPA FL
-----	-----------------	----------------------------	----------

MEM	BENTSEN, ROBERT	13176 N. DALE MABRY STE. 2	TAMPA FL
-----	-----------------	----------------------------	----------

500002158735--2

-04/29/97--01087--038

****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Robert Bentsen **ROBERT BENTSEN**

4/24/97

813-264-1705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #