

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2003 8:00 am
Secretary of State

01-29-2003 90058 030 ****50.00

DOCUMENT # L97000001384

1. Entity Name

CASTLES TITLE GROUP, L.C.



Principal Place of Business

**1601 BELVEDERE RD
SUITE 504E
WEST PALM BEACH FL 33406
US**

Mailing Address

**1601 BELVEDERE RD
SUITE 504E
WEST PALM BEACH FL 33406
US**

2. Principal Place of Business

219 N DIXIE HWY
Suite, Apt. #, etc.

3. Mailing Address

← SAME
Suite, Apt. #, etc.

City & State

LAKE WORTH

City & State

← SAME

Zip
33460

Country
USA

Zip

← SAME

Country

← SAME

4. FEI Number **65-0799113**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MILLER, JAMES F
1601 BELVEDERE ROAD
SUITE 504E
WEST PALM BEACH FL 33406**

Name

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

219 N DIXIE HWY

City **LAKE WORTH**

FL

Zip Code **33460**

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.

(NOTE: Registered Agent signature required when reinstating)

1/13/03
DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **KIMBLE, ANITA Z**
STREET ADDRESS **1601 BELVEDERE RD SUITE 504E**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition
NAME **219 N DIXIE HWY**
STREET ADDRESS **LAKE WORTH, FL 33460**
CITY-ST-ZIP

TITLE **MGRM** ☐ Delete
NAME **MILLER, JAMES F**
STREET ADDRESS **1601 BELVEDERE RD SUITE 504E**
CITY-ST-ZIP **WEST PALM BEACH FL 33406**

TITLE ☒ Change ☐ Addition
NAME **219 N DIXIE HWY**
STREET ADDRESS **LAKE WORTH, FL 33460**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: SIGNATURE REQUIRED JAMES F MILLER 1/13/03 561 721 2596
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)