

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90040 028 \*\*\*\*55.00

**DOCUMENT # L98000000269**

1. Entity Name  
ASSOCIATED FINANCIAL TITLE AGENCY, L.C.



Principal Place of Business  
1002 W. 23RD ST. SUITE 400  
PANAMA CITY, FL 32405

Mailing Address  
1002 W. 23RD ST. SUITE 400  
PANAMA CITY, FL 32405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082005

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3495912

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PIPPIN, LAURETTA J  
1002 W. 23RD STREET, SUITE 400  
PANAMA CITY, FL 32405

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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)

DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME BARRY, JIMMY D  
STREET ADDRESS 1002 W. 23RD STREET, SUITE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE MGR ☐ Delete  
NAME CHAPMAN, KRISTIAN B  
STREET ADDRESS 1002 W. 23RD STREET, SUITE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE S ☐ Delete  
NAME PIPPIN, LAURETTA J  
STREET ADDRESS 1002 W. 23RD ST., SUITE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME BARR, JIMMY D  
STREET ADDRESS 1002 W. 23rd STREET, SUITE 400  
CITY-ST-ZIP PANAMA CITY, FL 32405

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Lauretta J. Pippin, Secretary

4/25/05

Date

(850) 769-8981

Daytime Phone #