

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004166

1. Entity Name

REALTY CLOSING SERVICES OF FLORIDA, L.L.C.

Principal Place of Business

12815 HWY. 98 WEST, SUITE 120
DESTIN FL 32541

Mailing Address

12815 HWY. 98 WEST, SUITE 120
DESTIN FL 32541

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

SUITE 124

Suite, Apt. #, etc.

SUITE 124

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

00 JAN 18 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



6. Name and Address of Current Registered Agent

GRIMSLEY, JAMES W
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM
STREET ADDRESS BRANNON, GEORGE T
CITY- ST- ZIP 12815 HWY. 98 WEST, SUITE 120
DESTIN FL 32541

TITLE NAME
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10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS 12815 HWY 98 W., Suite 124
CITY- ST- ZIP

TITLE NAME
STREET ADDRESS 300003117763-4
CITY- ST- ZIP -02/01/00--01037--011
*****50.00 *****50.00

TITLE NAME
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TITLE 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 OR MANAGER

Date

Daytime Phone #

SIGNATURE RECORDED T. BRANNON 1-13-2000 850-650-6161