

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90045 045 ****50.00

DOCUMENT # L99000009382

1. Entity Name
PARAMOUNT TITLE OF POLK COUNTY, L.L.C.



Principal Place of Business
2600 SOUTH FLORIDA AVENUE, SUITE 2A
LAKELAND, FL 33803

Mailing Address
2600 SOUTH FLORIDA AVENUE, SUITE 2A
LAKELAND, FL 33803

2. Principal Place of Business
3020 South Florida Avenue
Suite, Apt. #, etc.
Suite 207

3. Mailing Address
3020 South Florida Avenue
Suite, Apt. #, etc.
Suite 207

04192005 Chg-LLC CR2E083 (10/03)

City & State
Lakeland, FL 33803

City & State
Lakeland, FL

4. FEI Number
59-3615228

Applied For
Not Applicable

Zip Country
33803 USA

Zip Country
33803

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

FRIDOVICH, ANTHONY S
2600 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

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

10. ADDITIONS/CHANGES

TITLE VPDT
NAME FRIDOVICH, ANTHONY S
STREET ADDRESS 2600 SOUTH FLORIDA AVENUE
CITY-ST-ZIP LAKELAND, FL ☐ Delete

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

TITLE SD
NAME FRIDOVICH, MELODIE
STREET ADDRESS 2600 SOUTH FLORIDA AVENUE, SUITE 2A
CITY-ST-ZIP LAKELAND, FL 33803 ☐ Delete

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

TITLE PS
NAME SMITH, J.R. (RICK)
STREET ADDRESS 3401 W. CYPRESS ST.
CITY-ST-ZIP TAMPA, FL 33607 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Anthony S. Fridovich, Vice President 4-19-05 863 680 3322

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

Date

Daytime Phone #