

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L99000009382**

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



Principal Place of Business  
**3020 SOUTH FLORIDA AVENUE  
SUITE 207  
LAKELAND, FL 33803**

Mailing Address  
**3020 SOUTH FLORIDA AVENUE  
SUITE 207  
LAKELAND, FL 33803**



04192006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3615228**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	VPDT
NAME	FRIDOVICH, ANTHONY S
STREET ADDRESS	2600 SOUTH FLORIDA AVENUE
CITY-ST-ZIP	LAKELAND, FL
TITLE	SD
NAME	FRIDOVICH, MELODIE
STREET ADDRESS	2600 SOUTH FLORIDA AVENUE, SUITE 2A
CITY-ST-ZIP	LAKELAND, FL 33803
TITLE	PS
NAME	SMITH, J.R. (RICK)
STREET ADDRESS	3401 W. CYPRESS ST.
CITY-ST-ZIP	TAMPA, FL 33607
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000534087  
05/06/06-80148-024 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AUTHORIZED REPRESENTATIVE

*Anthony S Fridovich*  
**Anthony S Fridovich**

Date

**4-25-06 863-680332**

Daytime Phone #