

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90086 001 ****50.00

DOCUMENT # M02000003322

1. Entity Name

FIRST AMERICAN FINANCIAL SERVICES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

750 Broad St, NW

Suite, Apt. #, etc.

3. Mailing Address

750 Broad St, NW

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cleveland, TN

Zip

37311

Country

US

City & State

Cleveland, TN

Zip

37310

Country

US

4. FEI Number

04-3721234

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Thomas H. Lowe 750 Broad St, NW Cleveland, TN 37311
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IN THIS SPACE**

CR2E083B (12/02)

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

2/19/03

Date

423-479-1057

Daytime Phone #