

M 11 000000 2345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

M 11-2345

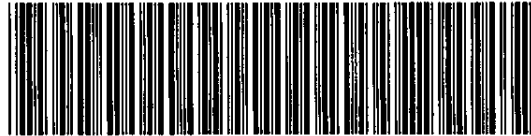
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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FILED  
2015 APR -3 AM 10:49  
TALLAHASSEE, FLORIDA

N. Culligan APR - 6 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Expert Title And Abstract LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES WEBB  
Name of Person

EXPERT TITLE AND ABSTRACT LLC  
Firm/Company

211 Durango Dr STE 612  
Address

DESTIN FL 32541  
City/State and Zip Code

JRW7757@MSN.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JAMES WEBB at ( 800 ) 888-0051  
Name of Person Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee      ☐ \$30 Filing Fee & Certificate of Status      ☐ \$55 Filing Fee & Certified Copy      ☐ \$60 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 24, 2015

JAMES WEBB  
211 DURANGO DRIVE STE 612  
DESTIN, FL 32541

SUBJECT: EXPERT TITLE AND ABSTRACT LLC  
Ref. Number: M11000002345

We have received your document for EXPERT TITLE AND ABSTRACT LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 415A00005843

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

2015 APR -3 AM 10:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: EXPERT TITLE AND ABSTRACT LLC
2. The Florida document number of this limited liability company is: MI1008002345
3. Jurisdiction of its organization: WY
4. Date authorized to do business in Florida: 2011

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JAMES WEBB

New Registered Office Address:

211 DURANGO DR. # 612

Enter Florida Street Address

DESTIN

City

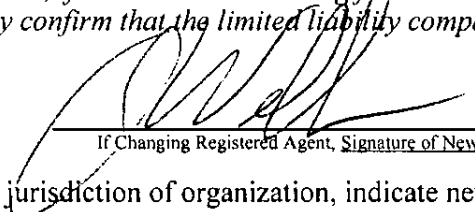
Florida

32541

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*



If Changing Registered Agent, Signature of New Registered Agent

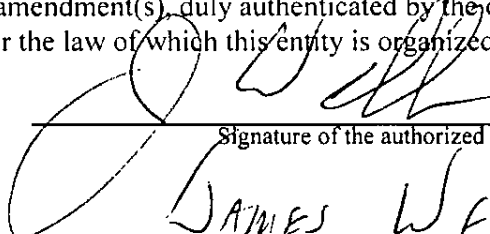
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

\_\_\_\_\_

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Title/ Capacity	Name	Address	Type of Action
MGR	SAVANNAH Gougé		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
Registered Agent	SAVANNAH Gougé		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGR	JAMES Webb		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
Registered Agent	JAMES Webb		<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative  
JAMES WEBB  
Typed or printed name of signee

FILED  
2015 APR -3 AM 10:49  
TAMPA, FLORIDA

Filing Fee: \$25.00