# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 01, 2008**
**Secretary of State**

DOCUMENT# L05000111705

**Entity Name:** CAPITOL TITLE INSURANCE LLC

**Current Principal Place of Business:**

7575 DR.PHILLIPS BLVD
SUITE # 140
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

7575 DR. PHILLIPS BLV
SUITE # 140
ORLANDO, FL 32819

**New Mailing Address:**

**FEI Number: 83-0439885** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

ALZAMORA, DANTE
7575 DR PHILLIPS BLVD
SUIT #140
ORLANDO, FL 32819 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent — Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ALZAMORA, DANTE
Address: 12943 ISLAMORADA DR
City-St-Zip: ORLANDO, FL 32837

Title: MGRM ( ) Delete
Name: ALVAREZ, NESTOR
Address: 3252 HAWKS NEST DR.
City-St-Zip: KISSIMMEE, FL 34741

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: ALVAREZ, NESTOR
Address: 4632 CANNA DR
City-St-Zip: ORLANDO, FL 32839

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANTE ALZAMORA MGRM 05/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date