

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011590

FILED
Mar 27, 2009
Secretary of State

Entity Name: MEMBERS TITLE AGENCY, LLC

Current Principal Place of Business:

6809 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

6809 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Mailing Address:

FEI Number: 59-3673450

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARRON, DON
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

WHITTAKER, DEBBIE H
6809 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

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: DEBBIE H. WHITTAKER

03/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DORETY, TOM R
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33680

Title: MGR () Delete
Name: DARLING, LINDA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33680

Title: MGR () Delete
Name: CHARRON, DON
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33680

Title: MGR () Delete
Name: FLYNN, PETER
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33680

Title: MGR (X) Delete
Name: MARSH, PATRICIA
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33680

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DORETY, TOM R
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 US

Title: MGR (X) Change () Addition
Name: DARLING, LINDA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 US

Title: MGR (X) Change () Addition
Name: MARSH, PATRICIA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 US

Title: MGR (X) Change () Addition
Name: FLYNN, PETER
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610 US

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

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: LINDA DARLING

MGR

03/27/2009

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