

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011590

Entity Name: MEMBERS TITLE AGENCY, LLC**Current Principal Place of Business:**6809 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610**Current Mailing Address:**6809 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610**FEI Number: 59-3673450****Certificate of Status Desired:** No**Name and Address of Current 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MGR
Name	DORETY, TOM R
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	DARLING, LINDA
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	TRUMBACH, JOSEPH T
Address	6809 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	FLYNN, PETER
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

Title	MGR
Name	LOVETT, VICTORIA
Address	6801 E. HILLSBOROUGH AVENUE
City-State-Zip:	TAMPA FL 33610

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: TOM R. DORETY**MANAGER****01/28/2013**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date