

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089144

**Entity Name:** WINGED FOOT TITLE, LLC

**Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
SUITE 2350  
FORT MYERS, FL 33919

**Current Mailing Address:**

8695 COLLEGE PARKWAY  
SUITE 2350  
FORT MYERS, FL 33919

**FEI Number:** 72-1621060

**Certificate of Status Desired:** No

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

BLACK, DAVID C  
8695 COLLEGE PARKWAY  
SUITE 2350  
FORT MYERS, FL 33919 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 MGRM  
Name BLACK, DAVID C  
Address 1657 MENLO ROAD  
City-State-Zip: FORT MYERS FL 33901

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DAVID CHRISTOPHER BLACK

MGR

01/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date