

2015 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 C. BLACK

MGR

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date