

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097398

**Entity Name:** ABSTRACT TRUST TITLE, LLC

**Current Principal Place of Business:**

283 NW COLE TERRACE  
LAKE CITY, FL 32055

**Current Mailing Address:**

10680 83RD PLACE  
LIVE OAK, FL 32060 US

**FEI Number:** 27-1077750

**Certificate of Status Desired:** No

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

STRICKLAND, BRANDEN L  
10680 83RD PLACE  
LIVE OAK, FL 32060 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 STRICKLAND, BRANDEN L  
Address 10680 83RD PLACE  
City-State-Zip: LIVE OAK FL 32060

*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:** BRANDEN L STRICKLAND

MGRM

01/12/2015

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

\_\_\_\_\_  
Date