## 2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003252

Entity Name: ALLIED TITLE LENDING LLC

**Current Principal Place of Business:** 

7755 MONTGOMERY ROAD SUITE 400 CINCINNATI, OH 45236

## **Current Mailing Address:**

7755 MONTGOMERY ROAD SUITE 400 CINCINNATI, OH 45236 US

FEI Number: 26-0256446 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Apr 05, 2017

**Secretary of State** 

CC1195311408

## Authorized Person(s) Detail:

Title MANAGER Title **MANAGER** CLARK, DOUGLAS Name Name CRAIG, ROGER

Address 7755 MONTGOMERY ROAD Address 7755 MONTGOMERY ROAD SUITE 400

SUITE 400

CINCINNATI OH 45236 CINCINNATI OH 45236 City-State-Zip: City-State-Zip:

Title **MANAGER** Title **MANAGER** DAVIS, A. DAVID DEAN, ROGER Name Name

7755 MONTGOMERY ROAD 7755 MONTGOMERY ROAD Address Address

SUITE 400 SUITE 400

CINCINNATI OH 45236 CINCINNATI OH 45236 City-State-Zip: City-State-Zip:

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.

04/05/2017 SIGNATURE: ROGER CRAIG MANAGER