

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003252

FILED
Apr 13, 2018
Secretary of State
CC0384126258

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

Authorized Person(s) Detail :

Title MEMBER
Name CLARK, DOUGLAS
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

Title MEMBER
Name JUDD, KEN
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

Title MEMBER
Name DAVIS, A. DAVID
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

Title MEMBER
Name WILLIAMSON, LUKE
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

Title MEMBER
Name ANDRE, ANDREA
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

Title MEMBER
Name JOSEFORSKY, JULIE
Address 7755 MONTGOMERY ROAD
SUITE 400
City-State-Zip: CINCINNATI OH 45236

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: ANDREA ANDRE

MEMBER

04/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date