

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000009994

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** TITLE OFFICES, LLC.

**Current Principal Place of Business:**

1144 W. NINE MILE RD.  
STE B  
PENSACOLA, FL 32534

**New Principal Place of Business:**

**Current Mailing Address:**

1144 W. NINE MILE RD.  
STE B  
PENSACOLA, FL 32534

**New Mailing Address:**

**FEI Number:** 59-3663603

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYAN, MARTHA  
373 NW COLE TERRACE STE 105  
LAKE CITY, FL 32055 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** STEVENSON, FRANK E  
**Address:** 1144 W. NINE MILE RD. STE B  
**City-St-Zip:** PENSACOLA, FL 32534

**Title:** MGR  
**Name:** TICOR TITLE INSURANCE COMPANY  
**Address:** 601 RIVERSIDE AVE.  
**City-St-Zip:** JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** TICOR TITLE INSURANCE COMPANY

MGR

01/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date