

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018210

FILED
Jan 03, 2008
Secretary of State

Entity Name: ALLIED ABSTRACT AND TITLE COMPANY, LLC

Current Principal Place of Business:

620 N. WYMORE ROAD
STE 230
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

620 N. WYMORE ROAD
STE 230
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3746969 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BELL, JOHN E III
620 WYNMORE ROAD NORTH
STE 230
MAITLAND, FL 32751 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: MGRM () Delete
Name: BELL, JOHN E III
Address: 620 WYNMORE ROAD NORTH, STE 230
City-St-Zip: MAITLAND, FL 32751

Title: MGR () Delete
Name: PHILLIPS, PAULINE L
Address: 620 WYMORE ROAD N STE 230
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: PAULINE L. PHILLIPS

MM

01/03/2008

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