

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 16, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000019562

1. Entity Name
FLORIDA TITLEPRO, LLC



Principal Place of Business
3300 UNIVERSITY DR., STE. 901
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DR., STE. 901
CORAL SPRINGS, FL 33065



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1151912

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PONNOCK, ANDREW A
3300 UNIVERSITY DR., STE. 901
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent, and date, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000436107
02/27/06-80024-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PONNOCK, ANDREW
STREET ADDRESS	3300 UNIVERSITY DR #901
CITY-ST-ZIP	POMPANO BEACH, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 806, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/06

Date

954-340-4051

Daytime Phone #