

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000002405

Entity Name: REGIONS TITLE, LLC

FILED
Mar 18, 2009
Secretary of State

Current Principal Place of Business:

299 WEST CAMINO GARDENS BLVD, STE 300
BOCA RATON, FL 33432

New Principal Place of Business:

299 WEST CAMINO GARDENS BLVD,
BOCA RATON, FL 33432

Current Mailing Address:

299 WEST CAMINO GARDENS BLVD, STE 300
BOCA RATON, FL 33432

New Mailing Address:

299 WEST CAMINO GARDENS BLVD
300
BOCA RATON, FL 33432

FEI Number: 73-1626034

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PHILLIPS, RICHARD A
102 NE 2ND STREET, #306
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

PHILLIPS, DAWN A
299 WEST CAMINO GARDENS BLVD
300
BOCA RATON, FL 33432 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: DAWN PHILLIPS

03/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, RICHARD A
Address: 299 WEST CAMINO GARDENS BLVD, STE 300
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: PHILLIPS, DAWN M
Address: 299 WEST CAMINO GARDENS BLVD, STE 300
City-St-Zip: BOCA RATON, FL 33432

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: DAWN PHILLIPS

MM

03/18/2009

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