

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000009875

1. Entity Name
CU TITLE MANAGEMENT, LLC



Principal Place of Business
**3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32303 US**

Mailing Address
**3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32303 US**



02082007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3569358

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOOD, GUY
3773 COMMON WEALTH BLVD.
TALLAHASSEE, FL 32303**

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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FCUL SERVICE GROUP, INC.
3773 COMMONWEALTH BLVD.
TALLAHASSEE, FL 32203**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CU TITLE INSURANCE CONSULTANTS, INC.
P.O. BOX 1885
BIRMINGHAM, AL 35201**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BAILEY, RICHARD A
1110 MONTLIMAR DR. STE 620
MOBILE, AL 36609**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000633635
02/21/07-80069-019 50.00

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #