2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
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

04092008 No Chg-LLC CR2E083 (12/07)

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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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

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

U00000390448
04/22/08-80096-002 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	FCUL SERVICE GROUP, INC.
STREET ADDRESS	3773 COMMONWEALTH BLVD.
CITY-ST-ZIP	TALLAHASSEE, FL 32203
TITLE	MGR
NAME	CU TITLE INSURANCE CONSULTANTS, INC.
STREET ADDRESS	P.O. BOX 1885
CITY-ST-ZIP	BIRMINGHAM, AL 35201
TITLE	MGR
NAME	BAILEY, RICHARD A
STREET ADDRESS	1110 MONTLIMAR DR. STE 620
CITY-ST-ZIP	MOBILE, AL 36609
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: G M Hood Guy M. Hood 4/9/08 850-576-8171
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #