

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013089

FILED
Apr 18, 2008
Secretary of State

Entity Name: FLORIDA TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

8907 REGENTS PARK DR.
SUITE 370
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618

New Mailing Address:

FEI Number: 35-2170509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, BYRON GIBBS JR.
14001 N. DALE MABRY
SUITE B
TAMPA, FL 33618 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: MGR () Delete
Name: WILSON, BYRON GIBBS JR
Address: 14001 N DALE MABRY SUITE B
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES:

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: BYRON GIBBS WILSON, JR

MGR

04/18/2008

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