

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L02000028956

1. Entity Name
PREMIER LAND TITLE, LLC



Principal Place of Business
3350 WOODS EDGE CIRCLE
SUITE 103
BONITA SPRINGS, FL 34134

Mailing Address
3350 WOODS EDGE CIRCLE
SUITE 103
BONITA SPRINGS, FL 34134



02282007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3086050

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

JAKUBOWSKI, CONRAD
3350 WOODS EDGE CIRCLE
SUITE 103
BONITA SPRINGS, FL 34134

**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 title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

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

000000654780
03/13/07-80073-023 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
JAKUBOWSKI, CONRAD
3350 WOODS EDGE CIR., SUITE 103
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
FOSTER, DAVID
3350 WOODS EDGE CIR., SUITE 103
BONITA SPRINGS, FL 34134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

CONRAD A JAKUBOWSKI 2/28/07 239 947-7007