

**FILED**  
**Mar 01, 2006 8:00 am**  
**Secretary of State**

03-01-2006 90227 048 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L02000034827

1. Entity Name

ADNORAM TITLE COMPANY, LLC



Principal Place of Business

200 WEST FIRST STREET  
SANFORD, FL 32771

Mailing Address

200 WEST FIRST STREET  
SANFORD, FL 32771

3995 WEST FIRST STREET

3995 WEST FIRST STREET

20011803



01302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

76-0721868

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

VON DREELE, WAYNE J

411 CENTRAL PARK DRIVE  
SANFORD, FL 32771

3993 WEST FIRST STREET

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	DP
NAME	HEINLE, RUSSELL
STREET ADDRESS	200 WEST 1ST STREET 3995 WEST FIRST STREET
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	DST
NAME	WOLF, RONALD W
STREET ADDRESS	202 PARK WEST DRIVE
CITY - ST - ZIP	PITTSBURGH, PA 15275
TITLE	VP
NAME	VON DREELE, WAYNE J
STREET ADDRESS	411 CENTRAL PARK DR 3993 WEST FIRST STREET
CITY - ST - ZIP	SANFORD, FL 32771
TITLE	
NAME	
STREET ADDRESS	
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 of 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

2/13/06

Date

(412) 788-7400

Daytime Phone #