

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002050

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** SYMPHONY TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

8895 NORTH MILITARY TRAIL STE C-201  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

8895 NORTH MILITARY TRAIL STE C-201  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 54-2102130

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MITCHELL I. KITROSER, P.A.  
8895 NORTH MILITARY TRAIL STE C-201  
PALM BEACH GARDENS, FL 33410 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: P,S  
Name: KITROSER, MITCHELL I  
Address: 8895 NORTH MILITARY TRAIL STE C-201  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: VP,T  
Name: DEAN-HIPPLE, KATHLEEN  
Address: 8895 NORTH MILITARY TRAIL STE C-201  
City-St-Zip: PALM BEACH GARDENS, FL 33410

I hereby 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: KATHLEEN DEAN-HIPPLE

VP

03/29/2010

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