

L03000002050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

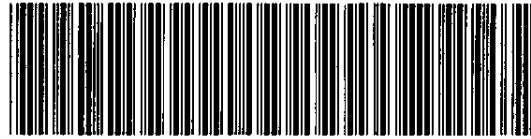
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100188521281

12/14/10--01013--025 \*\*30.00

FILED  
2010 DEC 14 AM 10:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER  
DEC 15 2010

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SYMPHONY TITLE INSURANCE AGENCY, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**DIANA CARLSON**

Name of Person

**SYMPHONY TITLE INSURANCE AGENCY, LLC**

Firm/Company

**8895 NORTH MILITARY TRAIL SUITE C-201**

Address

**PALM BEACH GARDENS, FL 33458**

City/State and Zip Code

**DIANA@SYMPHONYTITLE.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DIANA CARLSON**

Name of Person

at ( 561 )

**721-9675**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|--|--|

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
TALLAHASSEE, FLORIDA  
2010 DEC 14 AM 10:53



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
VP,T	DEAN-HIPPLE, KATHLEEN	8895 NORTH MILITARY TRAIL SUITE C-201 PALM BEACH GARDENS, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP,T	DIANA M. CARLSON	8895 NORTH MILITARY TRAIL SUITE C-201 PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

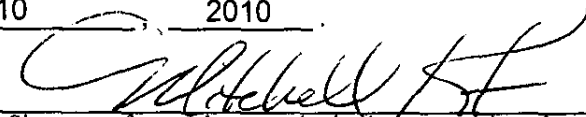
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 DEC 14 AM 10:53

FILED

Dated DECEMBER 10, 2010

  
Signature of a member or authorized representative of a member

MITCHELL I. KITROSER  
Typed or printed name of signee