

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026568

FILED
Mar 08, 2009
Secretary of State

Entity Name: THE CLASSIC TITLE AGENCY, LLC

Current Principal Place of Business:

2521 13TH STREET
SUITE F
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

2521 13TH STREET
SUITE F
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 20-0105398

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

BUSH, SHARON L
808 MIMOSA DRIVE
ALTAMONTE SPRINGS, FL 32789 US

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: SHARON L. BUSH

03/08/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUSH, DARYL L
Address: 1034 TURNER ROAD
City-St-Zip: WINTER PARK, FL 32789

Title: MGR () Delete
Name: BUSH, SHARON L
Address: 808 MIMOSA DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGRM () Delete
Name: CONNELL, MARIA A
Address: 4301 CHAMBERLAIN COURT
City-St-Zip: SAINT CLOUD, FL 34771

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DARYL L. BUSH

MGRM

03/08/2009

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