

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2006 8:00 am
Secretary of State

01-13-2006 90033 035 ****50.00

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DOCUMENT # L03000037487 1. Entity Name CONCORD TITLE AGENCY, LLC					
Principal Place of Business 2701 N. ROCKY POINT DRIVE SUITE 175 TAMPA, FL 33607 US			Mailing Address 2701 N. ROCKY POINT DRIVE SUITE 175 TAMPA, FL 33607 US		
2. Principal Place of Business 8875 Hidden River Pkwy Suite Apt. #, etc. S10		3. Mailing Address 8875 Hidden River Pkwy Suite Apt. #, etc. S10		01102006 Chg-LLC CR2E083 (11/05)	
City & State Tampa FL		City & State Tampa FL		4. FEI Number 20-0267612	
Zip 33637		Country Hillsborough		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONALD, MICHAEL J 1620 MAIN STREET SUITE 11 SARASOTA, FL 34236				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CTAG, INC. 24262 BROADWAY AVENUE OAKWOOD VILLAGE, OH 44146 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: V.P. Mollie Winsted 8/13- 314-2900					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					