

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 8:00 am**  
**Secretary of State**

05-15-2006 90242 023 \*\*\*\*50.00

**DOCUMENT # L03000041154**

1. Entity Name  
VP TITLE & TRUST, LLC



Principal Place of Business  
7232 SAND LAKE ROAD, SUITE 103  
ORLANDO, FL 32819

Mailing Address  
7232 SAND LAKE ROAD, SUITE 103  
ORLANDO, FL 32819

**20045695**



05092006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
33-1074137

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

PANTALEON, I. ED. ESQ.  
7232 SAND LAKE ROAD, SUITE 103  
ORLANDO, FL 32819

**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 September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	PANTALEON, DENISE M
STREET ADDRESS	7232 SAND LAKE ROAD, SUITE 103
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	MGRM
NAME	UNITED SETTLEMENT SERVICE AFFILIATES, INC.
STREET ADDRESS	6544 US 41 NO STE 208B
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 or 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

**5/9/2006 407-447-0853**  
Date Daytime Phone #

*Leonard Vandermaast III*