

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046190

FILED
Apr 29, 2008
Secretary of State

Entity Name: LANDOWNERS TITLE OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3355 W. VINE STREET #102
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

3355 W. VINE STREET #102
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 20-0630736

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, YVETTE
3355 W. VINE ST. STE. 102
KISSIMMEE, FL 34741 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: MGRM () Delete
Name: WILLIAMS, YVETTE
Address: 3355 W. VINE STREET #102
City-St-Zip: KISSIMMEE, FL 34741 US

Title: PRTN () Delete
Name: WILLIAMS, EVELYN
Address: 3355 WEST VINE STREET , STE. 102
City-St-Zip: KISSIMMEE, FL 34741

Title: MGR () Delete
Name: GOSS, RONALD J
Address: 3355 WEST VINE STREET , STE. 102
City-St-Zip: KISSIMMEE, FL 34741

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: YVETTE WILLIAMS

MGRM

04/29/2008

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