

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046349

FILED
Mar 23, 2009
Secretary of State

Entity Name: ADVANTAGE TITLE COMPANY, LLC

Current Principal Place of Business:

5737 OKEECHOBEE BLVD
SUITE 202
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

5737 OKEECHOBEE BLVD
SUITE 202
WEST PALM BEACH, FL 33417 US

New Mailing Address:

FEI Number: 45-0528492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOUBBORON, GARY S
117 THORNTON DRIVE
PALM BEACH GARDENS, FL 33418 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: DAMBRA, GEORGIANA
Address: 417 OREGON LANE
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM () Delete
Name: THOUBBORON, GARY S
Address: 117 THORNTON DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: MGRM () Delete
Name: ALEXANDER, KAREN
Address: 11614 ORANGE GROVE BLVD
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: GARY S THOUBBORON

MGRM

03/23/2009

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