

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000018632

Entity Name: PALSCHER TITLE COMPANY, LLC

FILED
Oct 11, 2006
Secretary of State

Current Principal Place of Business:

230 E. DAVIS BLVD.
SUITE 210
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

230 E. DAVIS BLVD.
SUITE 210
TAMPA, FL 33606

New Mailing Address:

FEI Number: 20-0847235

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLI, DENNIS E ESQ.
C/O PHELPS DUNBAR, LLP
100 SOUTH ASHLEY STREET, SUITE 1900
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MANELLI, DENNIS E ESQ.
C/O PHELPS DUNBAR, LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 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: DENNIS E. MANELLI

10/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MANELLI, DENNIS E
Address: 81 MARTINIQUE AVE.
City-St-Zip: TAMPA, FL 33606

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MANELLI, DENNIS E
Address: 230 EAST DAVIS BLVD., SUITE 210
City-St-Zip: TAMPA, FL 33606

Title: MGR () Change (X) Addition
Name: FICARROTTA, NICK JR.
Address: 230 EAST DAVIS BLVD., SUITE 210
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS E. MANELLI

MGR

10/11/2006

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