

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021647

**FILED**  
**Feb 19, 2008**  
**Secretary of State**

**Entity Name:** PRIORITY TITLE OF FLORIDA, LLC

**Current Principal Place of Business:**

10008 PARK PLACE AVE  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

2750 MCMULLEN BOTH RD  
101  
CLEARWATER, FL 33761 US

**New Mailing Address:**

**FEI Number:** 42-1623400      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHARP, DAVID A  
2695 SUNSET POINT RD  
CLEARWATER, FL 33759 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:** SHARP, MARIANNE  
**Address:** 2750 MCMULLAN BOOTH RD., #101  
**City-St-Zip:** CLEARWATER, FL 33761 US

**Title:** MGRM ( ) Delete  
**Name:** CAMPBELL, IDA W  
**Address:** 10008 PARK PLACE AVENUE  
**City-St-Zip:** RIVERVIEW, FL 33569 US

**ADDITIONS/CHANGES:**

**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:** MARIANNE SHARP

MGRM

02/19/2008

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