

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000021647

**FILED**  
**Jun 15, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

10008 PARK PLACE AVE  
RIVERVIEW, FL 33578 US

**New Principal Place of Business:**

10006 PARK PLACE AVE  
RIVERVIEW, FL 33578 US

**Current Mailing Address:**

10008 PARK PLACE AVE  
RIVERVIEW, FL 33578 US

**New Mailing Address:**

10006 PARK PLACE AVE  
RIVERVIEW, FL 33578 US

**FEI Number:** 42-1623400 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CAMPBELL, IDA W  
10008 PARK PLACE AVE  
RIVERVIEW, FL 33578 US

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

MOULING, LASHAWN R  
10006 PARK PLACE AVE  
RIVERVIEW, FL 33578 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:** LASHAWN R MOULING

06/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**Title:** MGRM ( ) Delete  
**Name:** MOULING, LASHAWN R  
**Address:** 1112 FENNEL GREEN DRIVE  
**City-St-Zip:** SEFFNER, FL 33584

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** CAMPBELL, IDA W  
**Address:** 10006 PARK PLACE AVENUE  
**City-St-Zip:** RIVERVIEW, FL 33578 US

**Title:** MGRM (X) Change ( ) Addition  
**Name:** MOULING, LASHAWN R  
**Address:** 10006 PARK PLACE AVE  
**City-St-Zip:** RIVERVIEW, FL 33578

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:** LASHAWN R MOULING

MGRM

06/15/2009

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