2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000025437

1. Entity Name
VISION TITLE OF CLERMONT, LLC

Principal Place of Business	Mailing Address
668 N. ORLANDO AVE. #1007 MAITLAND, FL 32751	668 N. ORLANDO AVE. #1007 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE

60044069

04242007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
20-0709720	Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BARTLE, DOUGLAS W III
668 N. ORLANDO AVE. #1007
MAITLAND, FL 32751

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2007

9.   MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	HOWARD, SHARON
STREET ADDRESS	668 N. ORLANDO AVE. #1007
CITY-ST-ZIP	MAITLAND, FL 32751
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #