

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000033356

1. Entity Name
POLK COUNTY TITLE, L.L.C.



Principal Place of Business

2941 DUFF ROAD
SUITE 11
LAKELAND, FL 33810

Mailing Address

2941 DUFF ROAD
SUITE 11
LAKELAND, FL 33810

DO NOT WRITE IN THIS SPACE



01032007No Chg-LLC

CR2E083 (11/05)

4. FEI Number
90-0182199

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

INSUA, CORREA
2937 DUFF ROAD
LAKELAND, FL 33810

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IN THIS SPACE**

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 MGR
NAME GALLAGHER, JOHN A
STREET ADDRESS 2941 DUFF ROAD
CITY-ST-ZIP LAKELAND, FL 33810

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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000000579876
01/10/07-80025-008 50.00

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IN THIS SPACE**

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 #

John A. Gallagher John A. Gallagher 1/3/07 (863) 816-0666