

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000035813

1. Entity Name
ACQUIRE LAND TITLE PCB, LLC



Principal Place of Business

**8317 FRONT BEACH RD
SUITE 17A-1
PANAMA CITY BEACH, FL 32407 US**

Mailing Address

**PO BOX 5649
DESTIN, FL 32540 US**



04092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1105859

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ALLISON, PITTS
8317 FRONT BEACH RD
SUITE 17 A-1
PANAMA CITY BEACH, FL 32407**

**DO NOT WRITE
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**

000000706624
04/24/07-80040-007 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
HARROLL, CASTLE
155 CRYSTAL BEACH DRIVE SUITE 131
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JACQUE, CASTLE
155 CRYSTAL BEACH DRIVE SUITE 200
DESTIN, FL 32541**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ALLISON, PITTS
8317 FRONT BCH RD, STE 17-A1
PANAMA CITY BEACH, FL 32407**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

4-10-07

850-837-0718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #