

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 10, 2008 8:00 am
Secretary of State

01-10-2008 90020 037 ***138.75

DOCUMENT # L04000049316

1. Entity Name
ADVANTAGE TITLE OF THE TREASURE COAST, L.L.C.



Principal Place of Business
48 SE OSCEOLA ST
STUART, FL 34994

Mailing Address
48 SE OSCEOLA ST
STUART, FL 34994

DO NOT WRITE IN THIS SPACE



01072008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1370081

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MURPHY, JOSEPH A III
516 S.W. CAMDEN AVENUE
STUART, FL 34994

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MURPHY, JOSEPH A III
4231 SW MALLARD CREEK TRAIL
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
FAIRLEY, TERI
1144 SW IRVING STREET
PORT ST. LUCIE, FL 34983

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
ANDERSON, WILLIAM D JR
1710 SW CRANE CREEK AVENUE
PALM CITY, FL 34990

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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: Wm. D. J.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/8/08 772-287-7400
Date Daytime Phone