

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056110

FILED
Mar 31, 2009
Secretary of State

Entity Name: TITLECORP OF FLORIDA, LLC

Current Principal Place of Business:

355 S. RONALD REAGAN BLVD
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

355 S. RONALD REAGAN BLVD
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-1419519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARCHIE, ROBERT W
355 S. RONALD REAGAN BLVD
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TITLECORP OF FLORIDA, , INC.
Address: 355 S. RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARCHIE, ROBERT W
Address: 355 S. RONALD REAGAN BLVD
City-St-Zip: LONGWOOD, FL 32750 US

Title: MGR () Change (X) Addition
Name: ARCHIE, REBECCA A
Address: 355 S RONALD REAGAN
City-St-Zip: LONGWOOD, FL 32750 US

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: ROBERT W. ARCHIE

MGR

03/31/2009

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