

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000058999

Entity Name: HARBORVIEW TITLE, LLC

FILED
Sep 03, 2008
Secretary of State

Current Principal Place of Business:

543 HARBOR BLVD
501
DESTIN, FL 32541 US

New Principal Place of Business:

Current Mailing Address:

543 HARBOR BLVD
501
DESTIN, FL 32541 US

New Mailing Address:

FEI Number: 59-3789514 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CADENHEAD, CHRIS
543 HARBOR BLVD., STE 501
DESTIN, FL 32541 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: MGRM () Delete
Name: CADENHEAD, CHRIS
Address: 30 SOUTH SHORE DRIVE
City-St-Zip: DESTIN, FL 32550 US

Title: MGR () Delete
Name: DAWSON, GAIL
Address: 543 HARBOR BLVD., STE 501
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CADENHEAD, CHRIS
Address: 543 HARBOR BOULEVARD, SUITE 501
City-St-Zip: DESTIN, FL 32550 US

Title: MGR (X) Change () Addition
Name: CADENHEAD, CHRIS
Address: 543 HARBOR BLVD., STE 501
City-St-Zip: DESTIN, FL 32541

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: CHRIS CADENHEAD

MGR

09/03/2008

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