

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083310

FILED
Mar 25, 2008
Secretary of State

Entity Name: MIDWEST TITLE GUARANTEE COMPANY OF FLORIDA, LLC

Current Principal Place of Business:

3401 WEST CYPRESS
SUITE 202
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3936 TAMIAMI TRAIL NORTH
SUITE A
NAPLES, FL 34103

New Mailing Address:

FEI Number: 20-1897055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLASS, KURT
3401 WEST CYPRESS, SUITE 202
TAMPA, FL 33607 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: HICKMAN, HAROLD
Address: 3401 WEST CYPRESS, SUITE 202
City-St-Zip: TAMPA, FL 33607

Title: MGRP () Delete
Name: WOHLBRANDT, CHRIS
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: HUFF, BETTY A
Address: 3936 TAMIAMI TRAIL NORTH, SUITE A
City-St-Zip: NAPLES, FL 34103

Title: MGR () Delete
Name: BLASS, KURT
Address: 3401 WEST CYPRESS, SUITE 202
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: DEQUESADA, ELIZABETH
Address: 3401 WEST CYPRESS, SUITE 202
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 WOHLBRANDT

P

03/25/2008

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