

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093982

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** PINECREST PREMIER TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

9130 S. DADELAND BLVD, DATRAN II  
PH 1-A  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

9130 S. DADELAND BLVD, DATRAN II  
PH 1-A  
MIAMI, FL 33156

**New Mailing Address:**

**FEI Number:** 20-2024486

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERSKOWITZ, GREG  
9130 S. DADELAND BLVD, DATRAN II  
PH 1-A  
MIAMI, FL 33156 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  
**Name:** HERSKOWITZ, GREG M  
**Address:** 9130 S. DADELAND BLVD, DATRAN II, PH 1-A  
**City-St-Zip:** MIAMI, FL 33156

**Title:** MGRM  
**Name:** MAGUIRE, SAMUEL JR  
**Address:** 4840 ROSWELL ROAD BLDG E STE. 400  
**City-St-Zip:** ATLANTA, GA 30342

I hereby 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:** GREG HERSKOWITZ

MGRM

01/05/2010

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