

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000051044

Entity Name: ASSURANCE TITLE CO. LLC

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4112 LAMSON AVE  
LAMSON WOODS  
SPRING HILL, FL 34608 US

**New Principal Place of Business:**

**Current Mailing Address:**

4112 LAMSON AVE.  
SPRING HILL, FL 34608 US

**New Mailing Address:**

4112 LAMSON AVE  
LAMSON WOODS  
SPRING HILL, FL 34608 US

FEI Number: 20-2896057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENNY, DEBORAH B  
14426 DEHAVEN AVE.  
BROOKSVILLE, FL 34613 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: KENNY, DEBORAH B  
Address: 14426 DEHAVEN AVE.  
City-St-Zip: BROOKSVILLE, FL 34613

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: DEBORAH B. KENNY

MGRM

02/11/2012

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