

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019801

FILED
Mar 10, 2010
Secretary of State

Entity Name: AT TITLE MANAGEMENT LLC

Current Principal Place of Business:

692 W. MONTROSE STREET, SUITE A
CLERMONT, FL 34711

New Principal Place of Business:

836 W. MONTROSE STREET, SUITE 9
CLERMONT, FL 34711

Current Mailing Address:

692 W. MONTROSE STREET, SUITE A
CLERMONT, FL 34711

New Mailing Address:

836 W. MONTROSE STREET, SUITE 9
CLERMONT, FL 34711

FEI Number: 27-0851919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRIS, WENDY
1147 GREENLEY AVE
GROVELAND, FL 34736 US

Name and Address of New Registered Agent:

MORRIS, WENDY
836 W. MONTROSE ST., STE. 9
CLERMONT, FL 34711 US

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:

03/10/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MORRIS, RALPH
Address: 836 W. MONTROSE ST., STE. 9
City-St-Zip: CLERMONT, FL 34711

Title: MGRM
Name: JANUARY-HAIRE, SHALICE
Address: 836 W. MONTROSE ST., STE. 9
City-St-Zip: CLERMONT, FL 34711

Title: MGRM
Name: ANGLES, JORDANA
Address: 836 W. MONTROSE ST., STE. 9
City-St-Zip: CLERMONT, FL 34711

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: SHALICE R. HAIRE

MGRM

03/10/2010

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