

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030458

Entity Name: FELLOWSHIP TITLE, LLC

FILED  
Feb 14, 2008  
Secretary of State

**Current Principal Place of Business:**

1105 S. US HWY 1  
110  
BUNNELL, FL 32110

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1928  
BUNNELL, FL 32110

**New Mailing Address:**

1105 S. US HWY 1  
110  
BUNNELL, FL 32110

FEI Number: 20-5480076

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GALLIEN, LAURA  
1105 S. US HWY 1  
110  
BUNNELL, FL 32110 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: GALLIEN, LAURA L  
Address: PO BOX 1928  
City-St-Zip: BUNNELL, FL 32110

Title: MGRM ( ) Delete  
Name: JONES, MARK S  
Address: P O BOX 1928  
City-St-Zip: BUNNELL, FL 32110

**ADDITIONS/CHANGES:**

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: LAURA L GALLIEN

MM

02/14/2008

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