

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030458

Entity Name: FELLOWSHIP TITLE, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

1105 S. US HWY 1
110
BUNNELL, FL 32110

New Principal Place of Business:

1108 S. US HWY 1
110
BUNNELL, FL 32110

Current Mailing Address:

1105 S. US HWY 1
110
BUNNELL, FL 32110

New Mailing Address:

1108 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:

GALLIEN, LAURA
1108 S. US HWY 1
110
BUNNELL, FL 32110 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:

04/30/2009

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

04/30/2009

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