2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 24, 2007 8:00 am
Secretary of State
05-01-2007 90322 040 ****50.00

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1st MOORE CR2E083 (10/06)

DOCUMENT # L06000036083

1. Entity Name
AGENTS BENCHMARK TITLE, LLC

Principal Place of Business
2008 HIGHWAY 44 WEST
INVERNESS FL 34453

Mailing Address
2008 HIGHWAY 44 WEST
INVERNESS FL 34453

2. Principal Place of Business - No P.O. Box #: 2060 Hwy 44 W
Suite, Apt. #, etc.:
City & State: INVERNESS, FL
Zip: 34453 Country: USA

3. Mailing Address: 2060 Hwy 44 W
Suite, Apt. #, etc.:
City & State: INVERNESS, FL
Zip: 34453 Country: USA

4. FEI Number: 20-8846687 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
STONE, MARK
2008 HIGHWAY 44 WEST
INVERNESS FL 34453

7. Name and Address of New Registered Agent
Name: Scott Bender
Street Address (P.O. Box Number is Not Acceptable): 2060 Hwy 44 W
City: INVERNESS FL Zip Code: 34453

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Scott Bender — Scott Bender — 5/21/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
MGR	STONE, MARK	2008 HIGHWAY 44 WEST	INVERNESS FL 34453	☒ Delete
MGRM	Bender, Scott	2008 Hwy 44 W	Inverness, FL	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition
				☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: MARK H. STONE — 4.17.07 — 352-344-1113
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #