

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 27, 2008 8:00 am
Secretary of State

02-27-2008 90079 032 ***138.75

DOCUMENT # L06000036083

1. Entity Name

AGENTS BENCHMARK TITLE, LLC



Principal Place of Business

2060 HWY 49 W
INVERNESS FL 34453

Mailing Address

2060 HWY 49 W
INVERNESS FL 34453

2. Principal Place of Business - No P.O. Box #

2060 Hwy 44 W

Suite, Apt. #, etc.

3. Mailing Address

2060 Hwy 44 W

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)



City & State

INVERNESS, FL

Zip

34453

Country

FLORIDA

City & State

INVERNESS, FL

Zip

34453

Country

FLORIDA

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

BENDER, SCOTT
2060 HWY 44 W
INVERNESS FL 34453

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered agent's signature required when registering)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME BENDER, SCOTT
STREET ADDRESS 2060 HIGHWAY 44 WEST
CITY-ST-ZIP INVERNESS FL 34453

TITLE VP ☐ Delete
NAME GATLIN, TONI
STREET ADDRESS 6790 E FALCON REST LANE
CITY-ST-ZIP INVERNESS FL 34452

TITLE S ☐ Delete
NAME POSEY, LEWIS
STREET ADDRESS 2060 HWY 49 W
CITY-ST-ZIP INVERNESS FL 34453

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #