

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

City & State

Inverness, FL

4. FEI Number

20-8846687

Applied For

Not Applicable

Zip

34453

Country

FLORIDA

Zip

34453

Country

FLORIDA

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	<input type="checkbox"/> Delete
NAME	BENDER, SCOTT	
STREET ADDRESS	2060 HIGHWAY 44 WEST	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GATLIN, TONI	
STREET ADDRESS	6790 E FALCON REST LANE	
CITY-ST-ZIP	INVERNESS FL 34452	
TITLE	S	<input type="checkbox"/> Delete
NAME	POSEY, LEWIS	
STREET ADDRESS	2060 HWY 49 W	
CITY-ST-ZIP	INVERNESS FL 34453	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Scott Bender*

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

Date

Daytime Phone #