

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000036341

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** INSURED TITLE AGENCY, L.L.C.

**Current Principal Place of Business:**

13045 W. LINEBAUGH AVE  
STE 101  
TAMPA, FL 33626

**New Principal Place of Business:**

13029 WEST LINEBAUGH AVENUE  
SUITE 102  
TAMPA, FL 33626

**Current Mailing Address:**

13045 W. LINEBAUGH AVE  
STE 101  
TAMPA, FL 33626

**New Mailing Address:**

13029 WEST LINEBAUGH AVENUE  
SUITE 102  
TAMPA, FL 33626

**FEI Number:** 20-4740964

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMARGO, TED  
401 EAST JACKSON ST., SUITE 2400  
TAMPA, FL 33602 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: MR.  
Name: OVERSTREET, KEVIN J  
Address: 13029 WEST LINEBAUGH AVENUE, SUITE 102  
City-St-Zip: TAMPA, FL 33626

I hereby 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: KEVIN J OVERSTREET

MR

03/20/2012

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