

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

08-15-2008 90025 034 ***138.75
08 SEP -5 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30009534



07142008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5511552 Applied For Not Applicable

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

| | | | |
|--|---------|---|---------|
| DOCUMENT # L06000088486 | | | |
| 1. Entity Name PROSPERITY TITLE AGENCY, LLC | | | |
| Principal Place of Business 100 SOUTH PARK BLVD. ST. AUGUSTINE, FL 32086 | | Mailing Address PO BOX 1690 ST. AUGUSTINE, FL 32085 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PETERSON, RANDY 100 SOUTH PARK BLVD ST AUGUSTINE, FL 32086 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|--|--|--|
| FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | Make check payable to Florida Department of State |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DIRECTOR EDDIE CREAMER 100 SOUTH PARK BLVD. ST. AUG. FL 32086 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: 7-14-08 9048249111