

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089144

Entity Name: WINGED FOOT TITLE, LLC

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

8695 COLLEGE PARKWAY  
SUITE 1041  
FORT MYERS, FL 33919

## **New Principal Place of Business:**

8695 COLLEGE PARKWAY  
SUITE 2350  
FORT MYERS, FL 33919

## **Current Mailing Address:**

8695 COLLEGE PARKWAY  
SUITE 1041  
FORT MYERS, FL 33919

## **New Mailing Address:**

8695 COLLEGE PARKWAY  
SUITE 2350  
FORT MYERS, FL 33919

FEI Number: 72-1621060

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BLACK, DAVID C  
8695 COLLEGE PARKWAY  
SUITE 1041  
FORT MYERS, FL 33919 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: MGRM  
Name: BLACK, DAVID C  
Address: 3040 OASIS GRAND BLVD., #701  
City-St-Zip: FORT MYERS, FL 33916

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: DAVID CHRISTOPHER BLACK

MGRM

03/16/2011

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