

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000100273

FILED
Mar 12, 2009
Secretary of State

Entity Name: SALTER FEIBER TITLE, LLC

Current Principal Place of Business:

3940 NW 16 BLVD
BLDG B
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 357399
GAINESVILLE, FL 32635

New Mailing Address:

FEI Number: 20-5756251

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENET, DAVID E ESQ.
3940 NW 16 BLVD
BLDG B
GAINESVILLE, FL 32605 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 () Delete
Name: SALTER, JAMES D
Address: P.O. BOX 357399
City-St-Zip: GAINESVILLE, FL 32635

Title: MGRM () Delete
Name: FEIBER, JAMES G JR.
Address: P.O. BOX 357399
City-St-Zip: GAINESVILLE, FL 32635

Title: MGRM () Delete
Name: MURPHY, MELISSA J
Address: P.O. BOX 357399
City-St-Zip: GAINESVILLE, FL 32635

Title: MGRM () Delete
Name: HUTSON, DENISE L
Address: P.O. BOX 357399
City-St-Zip: GAINESVILLE, FL 32635

Title: MGRM () Delete
Name: MENET, DAVID E
Address: P.O. BOX 357399
City-St-Zip: GAINESVILLE, FL 32635

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JAMES D. SALTER

MGRM

03/12/2009

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