

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000035925

FILED
May 03, 2009
Secretary of State

Entity Name: VERITAS TITLE & ESCROW LLC

Current Principal Place of Business:

4141 CO. HWY 30-A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

4141 E. CO. HWY 30-A
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

4141 CO. HWY 30-A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

4141 E. CO. HWY 30-A
SANTA ROSA BEACH, FL 32459 US

FEI Number: 20-8773986 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MOSS, WALTER E JR.
8 BLACKWATER LANE
PANAMA CITY BEACH, FL 32413 US

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: MOSS, WALTER E JR.
Address: 8 BLACKWATER LANE
City-St-Zip: PANAMA CITY BEACH, FL 32459 US

Title: MGRM (X) Delete
Name: HENDERSON, FOX R
Address: 6 TRIMINGHAM LANE
City-St-Zip: ROSEMARY BEACH, FL 32461 US

ADDITIONS/CHANGES:

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: WALTER E. MOSS, JR.

MGRM

05/03/2009

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