

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000049679

**FILED**  
**Apr 07, 2010**  
**Secretary of State**

**Entity Name:** CLEAR CHAIN OF TITLE, LLC

**Current Principal Place of Business:**

4318 WEST SAN JUAN STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

3574 SEAWAY DRIVE  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

P.O. BOX 21815  
TAMPA, FL 33622

**New Mailing Address:**

3574 SEAWAY DRIVE  
NEW PORT RICHEY, FL 34652

**FEI Number:** 26-0163041

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22 STREET  
4TH FLOOR  
MIAMI, FL 33145 US

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

MICHAEL, MCCULLOCH  
3574 SEAWAY DRIVE  
NEW PORT RICHEY, FL 34652 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: MICHAEL MCCULLOCH

04/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: MCCULLOCH, MICHAEL  
Address: 3574 SEAWAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP  
Name: MARIANN, MCCULLOCH  
Address: 3574 SEAWAY DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

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: MICHAEL MCCULLOCH

P

04/07/2010

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