

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094337

FILED
Apr 17, 2009
Secretary of State

Entity Name: POLO TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

12300 SOUTH SHORE BOULEVARD
SUITE 218
WELLINGTON, FL 33414

New Principal Place of Business:

823 CEDAR COVE ROAD
WELLINGTON, FL 33414

Current Mailing Address:

823 CEDAR COVE ROAD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-1362773

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SORIERO, LILLIAN MGR
823 CEDAR COVE ROAD
WELLINGTON, FL 33414 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: MGR () Delete
Name: SORIERO, LILLIAN
Address: 823 CEDAR COVE ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: SORIERO, MICHELLE
Address: 2273 SUNDERLAND AVE.
City-St-Zip: WELLINGTON, FL 33414

Title: MGR () Delete
Name: DEPIETTO, CHRISTINE
Address: 1880 GRANTHAM CT.
City-St-Zip: WELLINGTON, FL 33414

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:

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: LILLIAN SORIERO

MGR

04/17/2009

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