

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097724

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** TITLE RESOURCE HOLDING COMPANY, LLC

**Current Principal Place of Business:**

302 N. MAIN ST.  
TRENTON, FL 32693 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1357  
TRENTON, FL 32693 US

**New Mailing Address:**

**FEI Number:** 26-1200151

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEAUCHAMP, GREGORY V  
107 E. PARK AVE.  
CHIEFLAND, FL 32626 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: MCKOY, DOUGLAS K  
Address: 370 N. HATHAWAY AVE.  
City-St-Zip: BRONSON, FL 32621 US

Title: MGRM ( ) Delete  
Name: MCKOY, DOUGLAS M  
Address: P. O. BOX 177  
City-St-Zip: BRONSON, FL 32621 US

Title: MGRM ( ) Delete  
Name: BEAUCHAMP, GREGORY V  
Address: 107 E. PARK AVE.  
City-St-Zip: CHIEFLAND, FL 32626 US

**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: DOUGLAS K. MCKOY

MGRM

01/16/2009

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