

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125324

FILED  
Apr 08, 2008  
Secretary of State

**Entity Name:** ATTORNEY'S ASSURANCE TITLE & ESCROW, LLC

**Current Principal Place of Business:**

307 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Principal Place of Business:**

**Current Mailing Address:**

307 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502

**New Mailing Address:**

**FEI Number:** 26-1600675

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARRINGTON, WILLIAM E II  
307 SOUTH PALAFOX STREET  
PENSACOLA, FL 32502 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:** WILSON, HARRELL, FAR, RINGTON, ET. A L ., P.A.  
**Address:** 307 SOUTH PALAFOX STREET  
**City-St-Zip:** PENSACOLA, FL 32502

**ADDITIONS/CHANGES:**

**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:** WILLIAM E. FARRINGTON, II

MGMR

04/08/2008

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