

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043179

FILED
Apr 02, 2010
Secretary of State

Entity Name: TOWNSEND TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

2804 DEL PRADO BLVD.
SUITE 102
CAPE CORAL, FL 33904 US

New Principal Place of Business:

4049 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904 US

Current Mailing Address:

17111 LAURELIN COURT
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

432 SEAWORTHY ROAD
NORTH FORT MYERS, FL 33903 US

FEI Number: 26-2509350

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, TRACY L
17111 LAURELIN COURT
NORTH FORT MYERS, FL 33917 US

Name and Address of New Registered Agent:

TOWNSEND, TRACY L
432 SEAWORTHY ROAD
NORTH FORT MYERS, FL 33903 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: TRACY TOWNSEND

04/02/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TOWNSEND, TRACY L
Address: 432 SEAWORTHY ROAD
City-St-Zip: NORTH FORT MYERS, FL 33903 US

Title: MGRM
Name: TOWNSEND, WILLIAM S SR.
Address: 15291 BROKEN J. RANCH ROAD
City-St-Zip: FORT MYERS, FL 33905 US

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: TRACY TOWNSEND

MGRM

04/02/2010

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