2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2011
Secretary of State

DOCUMENT# L08000043179

Entity Name: TOWNSEND TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

432 SEAWORTHY ROAD
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

4049 DEL PRADO BLVD. SOUTH
CAPE CORAL, FL 33904 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
432 SEAWORTHY ROAD
NORTH FORT MYERS, FL 33903 US

Name and Address of New Registered Agent:

TOWNSEND, TRACY L
3406 SW 2ND STREET
CAPE CORAL, FL 33991 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: 04/08/2011

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TOWNSEND, TRACY L
Address: 3406 SW 2ND STREET
City-St-Zip: CAPE CORAL, FL 33991 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 Statues.

SIGNATURE: TRACY TOWNSEND MGRM 04/08/2011

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