

2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

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FILED
Jun 06, 2011
Secretary of State

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:

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

New Mailing Address:

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

Title: MGR
Name: TOWNSEND, WILLIAM S JR
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 Statutes.

SIGNATURE: TRACY L. TOWNSEND

MGRM

06/06/2011

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