

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000044097

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** LEGACY TITLE OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

8751 COMMODITY CIRCLE, SUITE 14  
ORLANDO, FL 32819

**New Principal Place of Business:**

8751 COMMODITY CIRCLE  
SUITE 14  
ORLANDO, FL 32819 US

**Current Mailing Address:**

8751 COMMODITY CIRCLE, SUITE 14  
ORLANDO, FL 32819

**New Mailing Address:**

8751 COMMODITY CIRCLE  
SUITE 14  
ORLANDO, FL 32819 US

**FEI Number:** 26-2560918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: HEINLE, RUSSELL A  
Address: 8751 COMMODITY CIRCLE, SUITE 14  
City-St-Zip: ORLANDO, FL 32819 US

Title: MGR ( ) Change (X) Addition  
Name: IRIGOYEN, LAURA A  
Address: 8751 COMMODITY CIRCLE, SUITE 14  
City-St-Zip: ORLANDO, FL 32819 US

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:** RUSSELL A. HEINLE

MGRM

04/29/2009

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