## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000090148

FILED Jan 12, 2009 Secretary of State

Entity Name: HARDEE COUNTY TITLE INSURANCE AGENCY, LLC

**New Principal Place of Business: Current Principal Place of Business:** 111 E MAIN STREET WAUCHULA, FL 33873 **Current Mailing Address: New Mailing Address:** 6385 STILL COURT ZOLFO SPRINGS, FL 33890 FEI Number: 26-3444502 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ASHLEY FINANCIAL SERVICES, PA, CPA 2856 CARRIE LANE LAKELAND, FL 338123158 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete MARTIN M WOHL, INC. Name: Name: Address: 3200 US 27 SOUTH, SUITE 201 Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition Name: JJW, INC, Name: Address: 3200 US 27 SOUTH, SUITE 201 Address: City-St-Zip: SEBRING, FL 33870 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition JULIE S WATSON, INC, Name: Name: Address: 6385 STILL COURT Address: City-St-Zip: ZOLFO SPRINGS, FL 33890 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: JULIE S. WATSON MRGM 01/12/2009