

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099326

**FILED**  
**May 21, 2012**  
**Secretary of State**

**Entity Name:** GULF COAST TITLE & ESCROW SERVICE LLC

**Current Principal Place of Business:**

107 2ND STREET  
PORT ST JOE, FL 32456

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 482  
PORT ST JOE, FL 32457

**New Mailing Address:**

PO BOX 627  
PORT ST. JOE, FL 32457

**FEI Number:** 26-3017183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KELLY, PAMELA GAIL  
110 WEST SEASCAPE DRIVE  
PORT ST JOE, FL 32456 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: KELLY, PAMELA  
Address: 110 WEST SEASCAPE DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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: PAMELA G. KELLY

MGR.

05/21/2012

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