

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100424

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

**Entity Name:** NORTH CENTRAL FLORIDA TITLE, LLC

**Current Principal Place of Business:**

6353 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

343 N.W. COLE TERRACE  
STE 101  
LAKE CITY, FL 32055 US

**Current Mailing Address:**

6353 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

343 N.W. COLE TERRACE  
STE 101  
LAKE CITY, FL 32055 US

**FEI Number:** 37-1574873

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEVENSON, FRANK III  
6353 ECLIPSE CIRCLE  
JACKSONVILLE, FL 32258 US

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

STEVENSON, FRANK III  
343 N.W. COLE TERRACE  
STE 101  
LAKE CITY, FL 32055 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:

04/14/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEVENSON, FRANK III  
Address: 343 N.W. COLE TERRACE STE 101  
City-St-Zip: LAKE CITY, FL 32055 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: FRANK E STEVENSON III

MGR

04/14/2010

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