

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000107095

**FILED**  
**Apr 07, 2011**  
**Secretary of State**

**Entity Name:** STARR TITLE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

100 WALLACE AVENUE  
SUITE 250  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

100 WALLACE AVENUE  
SUITE 250  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 26-3739281

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOONTZ, JO ANN M  
1819 MAIN STREET  
SARASOTA, FL 34236 US

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

KOONTZ, JO ANN M  
1819 MAIN STREET  
SUITE 215  
SARASOTA, FL 34236 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:

04/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: STARR RUMMERY, CARRIE  
Address: 100 WALLACE AVENUE, SUITE 250  
City-St-Zip: SARASOTA, FL 34237

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: CARRIE STARR RUMMERY

P

04/07/2011

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