

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107182

FILED
Jan 08, 2010
Secretary of State

Entity Name: ALLY PARKER BROWN TITLE INSURANCE AGENCY, LLC.

Current Principal Place of Business:

698 SW PORT ST. LUCIE BLVD., #104
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

698 SW PORT ST. LUCIE BLVD.
SUITE 104
PORT ST. LUCIE, FL 34953

Current Mailing Address:

698 SW PORT ST. LUCIE BLVD., #104
PORT ST. LUCIE, FL 34953

New Mailing Address:

698 SW PORT ST. LUCIE BLVD.
SUITE 104
PORT ST. LUCIE, FL 34953

FEI Number: 26-3738274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARKER, MERRILL
2301 SW INDEPENDENCE RD
PORT ST LUCIE, FL 34953 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: BROWN, ARLENE B
Address: 800 SW SQUIRREL AVE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: MGRM
Name: ALLY, DIANE L
Address: 3611 SE LEONARD LN.
City-St-Zip: STUART, FL 34997

Title: MGRM
Name: PARKER, MERRILL
Address: 2301 SW INDEPENDENCE RD.
City-St-Zip: PORT ST. LUCIE, FL 34953

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: DIANE L. ALLY

MGRM

01/08/2010

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