

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107182

FILED  
Jan 18, 2011  
Secretary of State

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

**Current Principal Place of Business:**

698 S.W. PORT ST. LUCIE BLVD., STE 104  
PORT ST. LUCIE, FL 34953

**New Principal Place of Business:**

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

**Current Mailing Address:**

698 S.W. PORT ST. LUCIE BLVD., STE 104  
PORT ST. LUCIE, FL 34953

**New Mailing Address:**

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

**FEI Number:** 26-3738274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 ALLY

MGMR

01/18/2011

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