

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000114691

FILED
Nov 13, 2009
Secretary of State

Entity Name: ATLANTIC TITLE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

100 SW ALBANY AVENUE
SUITE 100
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

100 SW ALBANY AVENUE
SUITE 100
STUART, FL 34994

New Mailing Address:

FEI Number: 26-3883291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURNS, CHARLES H
100 SW ALBANY AVENUE
100
STUART, FL 34994 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 () Delete
Name: LARGE, LEWIS L
Address: 1379 SW VICUNA LANE
City-St-Zip: PORT ST. LUCIE, FL 34982

Title: MGRM (X) Delete
Name: ZARRO, JOSEPH
Address: 100 SW ALBANY AVENUE, SUITE 300
City-St-Zip: STUART, FL 34994

Title: MGRM (X) Delete
Name: BURNS, CHARLES H
Address: 100 SW ALBANY AVENUE, SUITE 100
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURNS, CHARLES L
Address: 100 SW ALBANY AVENUE
City-St-Zip: STUART, FL 34994

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHARLES BURNS

MGMR

11/13/2009

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