

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000114691

Entity Name: ATLANTIC TITLE, LLC

**FILED**  
**May 03, 2010**  
**Secretary of State**

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

BURNS, CHARLES H  
100 SW ALBANY AVENUE  
100  
STUART, FL 34994 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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: CHARLES H BURNS

MGRM

05/03/2010

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