

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000060236

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ATTORNEYS' TITLE FUND SERVICES, LLC

**Current Principal Place of Business:**

6545 CORPORATE CENTRE BOULEVARD  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

6545 CORPORATE CENTRE BOULEVARD  
ORLANDO, FL 32822

**New Mailing Address:**

**FEI Number:** 27-0354435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONNER, W. THEODORE  
6545 CORPORATE CENTRE BOULEVARD  
ORLANDO, FL 32822 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:** P  
**Name:** JONES, JIMMY R  
**Address:** 6545 CORPORATE CENTER BLVD.  
**City-St-Zip:** ORLANDO, FL 32822 US

**Title:** VS  
**Name:** GAY, ROBERT N  
**Address:** 6545 CORPORATE CENTRE BLVD.  
**City-St-Zip:** ORLANDO, FL 32822 US

**Title:** VCFO  
**Name:** GEIER, BARBARA G  
**Address:** 6545 CORPORATE CENTRE BLVD.  
**City-St-Zip:** ORLANDO, FL 32822 US

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:** ROBERT N. GAY

VS

01/04/2012

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