2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# L09000060990

Entity Name: OCEAN TITLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

5280 SUMMERLIN COMMONS WAY
SUITE 803
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5280 SUMMERLIN COMMONS WAY
SUITE 803
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HALE, EDWARD W
5280 SUMMERLIN COMMONS WAY
SUITE 803
FORT MYERS, FL 33907 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: HALE, EDWARD W
Address: 5280 SUMMERLIN COMMONS WAY, SUITE 803
City-St-Zip: FORT MYERS, FL 33907

Title: MGRM
Name: HALE, GLORIA R
Address: 5280 SUMMERLIN COMMONS WAY, SUITE 803
City-St-Zip: FORT MYERS, FL 33907

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 Statues.

SIGNATURE: EDWARD W. HALE MGRM 02/17/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date