

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032976

Entity Name: TITLE CHANGE, LLC

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

PO BOX 1329  
FORT WALTON BEACH, FL 32549

**New Principal Place of Business:**

24 WALTER MARTIN RD  
SUITE 201  
FORT WALTON BEACH, FL 32548

**Current Mailing Address:**

PO BOX 1329  
FORT WALTON BEACH, FL 32549

**New Mailing Address:**

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

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

MEAD, MICHAEL W  
24 WALTER MARTIN RD  
SUITE 201  
FORT WALTON BEACH, FL FL 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: MGR  
Name: MEAD, MICHAEL W  
Address: PO BOX 1329  
City-St-Zip: FORT WALTON BEACH, FL 32549

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: MICHAEL WM MEAD

MGR

01/13/2011

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