

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000045757

Entity Name: FLORIDA TITLE LINK, LLC

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

2619 NE 1ST AVENUE  
CAPE CORAL, FL 33909 US

## **New Principal Place of Business:**

5237 SUMMERLIN COMMONS BLVD.  
FORT MYERS, FL 33907 US

## **Current Mailing Address:**

2619 NE 1ST AVENUE  
CAPE CORAL, FL 33909 US

## **New Mailing Address:**

5237 SUMMERLIN COMMONS BLVD.  
FORT MYERS, FL 33907 US

FEI Number: 27-2772124

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAYLOR, LELAND M ESQUIRE  
2619 NE 1ST AVENUE  
CAPE CORAL, FL 33909 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: TAYLOR, LELAND M ESQUIRE  
Address: 2619 NE 1ST AVENUE  
City-St-Zip: CAPE CORAL, FL 33909 US

Title: MGR  
Name: IANDOLI, DEANNA L  
Address: 5327 SUMMLERIN COMMONS BLVD.  
City-St-Zip: FORT MYERS, FL 33907 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: DEANNA L IANDOLI

MGR

01/18/2011

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