

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001830

FILED  
Feb 20, 2008  
Secretary of State

**Entity Name:** SUN PINNACLE TITLE OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

9021 TOWN CENTER PARKWAY  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

9021 TOWN CENTER PARKWAY  
BRADENTON, FL 34202

**New Mailing Address:**

**FEI Number:** 65-0920021

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCALLISTER, KIMBERLY M  
9021 TOWN CENTER PARKWAY  
BRADENTON, FL 34202 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 ( ) Delete  
Name: MCALLISTER, KIMBERLY M  
Address: 9021 TOWN CENTER PARKWAY  
City-St-Zip: BRADENTON, FL 34202

Title: MGR ( ) Delete  
Name: NEWSOME, JOHN S  
Address: 9021 TOWN CENTER PARKWAY  
City-St-Zip: BRADENTON, FL 34202

Title: MGR ( ) Delete  
Name: DOYLE, MICHAEL J  
Address: 9021 TOWN CENTER PARKWAY  
City-St-Zip: BRADENTON, FL 34202

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KIMBERLY M MCALLISTER

MGR

02/20/2008

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