

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 11, 2006 8:00 am
Secretary of State

03-27-2006 90052 042 ****50.00

DOCUMENT # M04000002493

1. Entity Name
CRESENT TITLE AGENCY OF FLORIDA, LLC



Principal Place of Business
**4801 DRESSLER ROAD, SUITE 194
CANTON, OH 44718**

Mailing Address
**4801 DRESSLER ROAD, SUITE 194
CANTON, OH 44718**

30004767



03142006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1222061

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**STIVERS, H B
245 EAST VIRGINIA STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

MEMBER

Signature, name, and address of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

3/14/06
DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BABIN, DALE T
STREET ADDRESS	4801 DRESSLER ROAD, SUITE 194
CITY- ST- ZIP	CANTON, OH 44718
TITLE	MGRM
NAME	HAINES, JEFFREY D
STREET ADDRESS	4801 DRESSLER ROAD, SUITE 194
CITY- ST- ZIP	CANTON, OH 44718
TITLE	MGRM
NAME	VOGLEY, STEVEN W
STREET ADDRESS	4801 DRESSLER ROAD, SUITE 194
CITY- ST- ZIP	CANTON, OH 44718
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

4/5/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #