

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000005159**

1. Entity Name  
**EQUITY TITLE COMPANY, LLC**



Principal Place of Business  
**513 ENERGY CENTER BOULEVARD  
SUITE 1004  
NORTHPORT, AL 35473 US**

Mailing Address  
**513 ENERGY CENTER BOULEVARD  
SUITE 1004  
NORTHPORT, AL 35473 US**



02012006 No Chg-LLC

CRZE083 (11/05)

4. FEI Number  
**20-0166190**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

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

1101000455875  
03/16/06-80005-015 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	DAVIS, KENNETH D
STREET ADDRESS	513 ENERGY CENTER BLVD., SUITE 1004
CITY-ST-ZIP	NORTHPORT, AL 35473

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: \_\_\_\_\_

*Kath Davis*

2128106

205-248-8890