

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002638

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** CORPORATE TITLE AGENCY, LLC

**Current Principal Place of Business:**

1325 S. CONGRESS, STE. 206  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

440 E. FRONT STREET  
TRAVERSE CITY, MI 49686

**Current Mailing Address:**

1325 S. CONGRESS, STE. 206  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

440 E. FRONT STREET  
TRAVERSE CITY, MI 49686

**FEI Number:** 06-1835266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SOUTH FLORIDIAN TITLE COMPANY  
1325 S. CONGRESS, STE. 206  
BOYNTON BEACH, FL 33426 US

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

KOHLER, KAREN L  
134 WASHINGTON AVENUE  
FORT MYERS BEACH, FL 33931 US

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: KAREN L. KOHLER, BY MAURALEEN SNABES

02/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JELINEK, JEROME E  
Address: 440 E FRONT STREET  
City-St-Zip: TRAVERSE CITY, MI 49686

Title: MGR  
Name: BILA, DENNIS W II  
Address: 321 SPRING STREET STE. A  
City-St-Zip: HARBOR SPRING, MI 49740

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: JEROME E. JELINEK

MGRM

02/19/2010

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