

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000019429

**Entity Name:** PROVINCIAL TITLE, LLC

**Current Principal Place of Business:**

7491 CONROY WINDERMERE ROAD  
SUITE G  
ORLANDO, FL 32835

**Current Mailing Address:**

7491 CONROY WINDERMERE ROAD  
SUITE G  
ORLANDO, FL 32835

**FEI Number:** 59-3757455

**Certificate of Status Desired:** No

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

SKIPPER, STEPHEN L  
7491 CONROY WINDERMERE ROAD  
SUITE G  
ORLANDO, FL 32835 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MANAGER
Name	SKIPPER, STEPHEN L	Name	MCDANIEL, STEPHANIE C
Address	7491 CONROY WINDERMERE ROAD, SUITE G	Address	7491 CONROY WINDERMERE ROAD SUITE G
City-State-Zip:	ORLANDO FL 32835	City-State-Zip:	ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN L SKIPPER

**MANAGER**

**02/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date