

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000035932

Entity Name: PROFESSIONAL TITLE LLC

Current Principal Place of Business:

115 N WAUKESHA STREET
BONIFAY, FL 32425

Current Mailing Address:

121 N. WAUKESHA ST
BONIFAY, FL 32425 US

FEI Number: 20-2663994

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ALVIS, MICHAEL A
115 N WAUKESHA STREET
BONIFAY, FL 32425 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	MGRM	Title	MANAGER
Name	HOWELL, MICHAEL	Name	ALVIS, MICHAEL A
Address	POST OFFICE BOX 605	Address	121 N WAUKESHA STREET
City-State-Zip:	BONIFAY FL 32425	City-State-Zip:	BONIFAY FL 32425

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL A ALVIS

MANAGER

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date