### 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036341

Entity Name: INSURED TITLE AGENCY, L.L.C.

Jan 03, 2019 Secretary of State CC2769504133

**FILED** 

# **Current Principal Place of Business:**

13029 WEST LINEBAUGH AVENUE

SUITE 102

TAMPA, FL 33626

# **Current Mailing Address:**

13029 WEST LINEBAUGH AVENUE SUITE 102 TAMPA, FL 33626

FEI Number: 20-4740964 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LEVINE, MARK S 245 E VIRGINIA STREET TALLAHASSEE, FL 32301 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

Name OVERSTREET, KEVIN J

Address 13029 WEST LINEBAUGH AVENUE,

SUITE 102

SIGNATURE: KEVIN OVERSTREET

City-State-Zip: TAMPA FL 33626

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

01/03/2019 Date