**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 30, 2025**
**Secretary of State**
**8611707897CC**

DOCUMENT# L06000036341

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

**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 | MANAGER |
| Name | HUNTER, AMANDA |
| Address | 13029 WEST LINEBAUGH AVENUE<br>SUITE 102 |
| 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.*

SIGNATURE: AMANDA HUNTER PRESIDENT 04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date