

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000047383

Entity Name: SUNSHINE STATE TITLE, LLC

Current Principal Place of Business:

247 NORTH COLLIER BLVD.
SUITE 202
MARCO ISLAND, FL 34145

Current Mailing Address:

P.O. BOX 2056
MARCO ISLAND, FL 34146

FEI Number: 32-0254774

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORRIS, WILLIAM GESQ.
247 NORTH COLLIER BLVD.
SUITE 202
MARCO ISLAND, FL 34145 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 MORRIS, WILLIAM G
Address 247 NORTH COLLIER BLVD, SUITE
202
City-State-Zip: MARCO ISLAND FL 34145

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: WILLIAM G. MORRIS

MANAGER

02/10/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date