

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L01000010912

1. Entity Name
REAL TITLE SERVICES, LLC



Principal Place of Business
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

Mailing Address
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE



03082006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
59-3730781

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PORTO, CURRAN K
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
PORTO, CURRAN K
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SANTOS, RUI J
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
HESTER, TEIAH
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
SANTOS, MARIA
1103 MARBELLA PLAZA DR.
TAMPA, FL 33619

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000515759
04/29/06-80225-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

X 4/11/06

Date

813-258
X 0200

Daytime Phone #