

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104890

FILED
Jan 26, 2008
Secretary of State

Entity Name: AMERI - CHOICE TITLE, LLC

Current Principal Place of Business:

16921 GUNN HIGHWAY
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

16921 GUNN HIGHWAY
ODESSA, FL 33556

New Mailing Address:

FEI Number: 20-5785705

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GILBERT, RICHARD
16921 GUNN HIGHWAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GILBERT, RICHARD
Address: 16921 ODESSA HIGHWAY
City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: WARD, MALISSA
Address: 16921 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: MGR () Delete
Name: LEEZER, JULIE
Address: 16921 GUNN HWY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LEEZER, JULIE
Address: 16921 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: MGR (X) Change () Addition
Name: WARD, MELISSA
Address: 16921 GUNN HWY
City-St-Zip: ODESSA, FL 33556

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: RICHARD GILBERT

MGRM

01/26/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date