

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006904

**FILED**  
**Apr 30, 2008**  
**Secretary of State**

**Entity Name:** FLORIDA SELECT TITLE, LLC

**Current Principal Place of Business:**

1701 W. HILLSBORO BLVD., STE. 302  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

1701 W. HILLSBORO BLVD., STE. 202  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

1701 W. HILLSBORO BLVD., STE. 302  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

1701 W. HILLSBORO BLVD., STE. 202  
DEERFIELD BEACH, FL 33442

**FEI Number:** 65-1108742

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALOMONE, KENNETH P.A.  
1701 W. HILLSBORO BLVD.  
SUITE 302  
DEERFIELD BEACH, FL 33442 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:** SALOMONE, KENNETH  
**Address:** 1701 W. HILLSBORO BLVD., STE. 302  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** SALOMONE, KENNETH  
**Address:** 1701 W. HILLSBORO BLVD., STE. 202  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

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:** KENNETH L. SALOMONE

MGR

04/30/2008

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