

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90504 001 ****55.00

DOCUMENT # L02000007286

1. Entity Name

TITLE EXPRESS, LLC



Principal Place of Business

**1625 NORTH COMMERCE PARKWAY, SUITE #1
WESTON FL 33326**

Mailing Address

**1625 NORTH COMMERCE PARKWAY, SUITE #1
WESTON FL 33326**

24036125



MOORE CR2E083 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

307

City & State

3. Mailing Address

Suite, Apt. #, etc.

307

City & State

4. FEI Number

01-0671687

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BENEFELD, BRUCE J
2 SOUTH UNIVERSITY DRIVE
#265
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **BENEFELD, BRUCE J**
STREET ADDRESS **2 S. UNIVERSITY DRIVE, #265**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

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

Date

Daytime Phone #

Bruce J. Benefeld

**Bruce J. Benefeld
MANAGING MEMBER**

3/31/04

934-382-4321