

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90131 029 ***138.75

DOCUMENT # L02000015683

1. Entity Name
TITLE SERVICES OF FLORIDA, LLC



Principal Place of Business
**2020 WEST BRANDON BOULEVARD,
SUITE 115
BRANDON, FL 33511**

Mailing Address
**2020 WEST BRANDON BOULEVARD,
SUITE 115
BRANDON, FL 33511**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102008 Chg-LLC CR2E083 (12/06)

4. FEI Number
04-3692100

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOURNIER, PAUL E
2020 WEST BRANDON BOULEVARD, SUITE 115
BRANDON, FL 33511**

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
FOURNIER, PAUL E
3629 CORD GRASS DR
VALRICO, FL 33594 33596** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VP
FOURNIER, CAROLYN
3629 CORD GRASS DR
VALRICO, FL 33594 33596** ☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP

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☐ Change ☐ Addition

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

Paul E. Fournier, Pres.