

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015683

FILED
Mar 19, 2009
Secretary of State

Entity Name: TITLE SERVICES OF FLORIDA, LLC

Current Principal Place of Business:

2020 WEST BRANDON BOULEVARD,
SUITE 115
BRANDON, FL 33511

New Principal Place of Business:

2130 WEST BRANDON BOULEVARD,
SUITE 103
BRANDON, FL 33511

Current Mailing Address:

2020 WEST BRANDON BOULEVARD,
SUITE 115
BRANDON, FL 33511

New Mailing Address:

2130 WEST BRANDON BOULEVARD,
SUITE 103
BRANDON, FL 33511

FEI Number: 04-3692100

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FOURNIER, PAUL E
2130 WEST BRANDON BOULEVARD,
SUITE 103
BRANDON, FL 33511 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: FOURNIER, PAUL E
Address: 3629 CORD GRASS DR
City-St-Zip: VALRICO, FL 33596

Title: VP () Delete
Name: FOURNIER, CAROLYN
Address: 3629 CORD GRASS DR
City-St-Zip: VALRICO, FL 33596

ADDITIONS/CHANGES:

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

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

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: PAUL E FOURNIER

PRES

03/19/2009

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