

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000014325

**FILED**  
**Feb 19, 2007**  
**Secretary of State**

**Entity Name:** SERVICE 1ST TITLE INSURANCE AGENCY LLC

**Current Principal Place of Business:**

1299 MAIN STREET  
SUITE E  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

1299 MAIN STREET  
SUITE E  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

LAMPATHAKIS, JAMES D  
1299 MAIN STREET  
SUITE E  
DUNEDIN, FL 34698 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: MGR ( ) Delete  
Name: LAMPATHKIS, JAMES D  
Address: 1299 MAIN STREET STE E  
City-St-Zip: DUNEDIN, FL 34698

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JAMES D. LAMPATHAKIS MGR 02/19/2007

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