

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90034 048 \*\*\*\*50.00

**DOCUMENT # L03000019774**

1. Entity Name  
**M & M TITLE SERVICES OF FLORIDA, LLC**



Principal Place of Business  
**101 GATEWAY CENTRE PARKWAY, GATEWAY ONE  
RICHMOND, VA 23235**

Mailing Address  
**101 GATEWAY CENTRE PARKWAY, GATEWAY ONE  
RICHMOND, VA 23235**

**60050403**



2. Principal Place of Business - No P.O. Box #  
**5600 Cox Road**

3. Mailing Address  
**5600 Cox Road**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04262007 Chg-LLC CR2E083 (12/06)

City & State  
**Glen Allen, VA**

City & State  
**Glen Allen, VA**

4. FEI Number  
**11-3691305**

Applied For  
Not Applicable

Zip  
**23060**

Country  
**USA**

Zip  
**23060**

Country  
**USA**

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

**Filing Fee Is \$50.00  
Due by May 1, 2007**

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
USA TITLE AFFILIATES, INC.  
101 GATEWAY CENTRE PKWY., GATEWAY ONE  
RICHMOND, VA 23235** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
INTEGRITY TITLE SERVICES, INC.  
26250 EUCLID AVE., SUITE 811  
EUCLID, OH 44132** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
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STREET ADDRESS  
CITY - ST - ZIP  
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TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**5600 Cox Road  
Glen Allen, VA 23060** ☒ Change ☐ Addition

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

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

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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.

**USA Title Affiliates, Inc.**

**SIGNATURE:** *Hope M. Vaughan* **Hope M. Vaughan** **4-26-07** **(804) 267-8697**

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

Date

Daytime Phone #