

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000020743

1. Entity Name
TITLE INSURANCE CLOSING SERVICES, LLC



Principal Place of Business
**2167 5TH AVE. NORTH
ST. PETERSBURG, FL 33713 US**

Mailing Address
**2167 5TH AVE. NORTH
ST. PETERSBURG, FL 33713 US**



04302008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0071944

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KNAUST, WARREN J
2167 5TH AVE. NORTH
ST. PETERSBURG, FL 33713**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	KNAUST, WARREN J
STREET ADDRESS	2167 5TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MGRM
NAME	FRANZ, PAULA
STREET ADDRESS	2167 5TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	MGRM
NAME	PASHLEY, WARREN J
STREET ADDRESS	2167 5TH AVE. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33713
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000943881
05/29/08-80073-024 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

4-30-08 127 327-3273