

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028104

FILED  
Jun 30, 2009  
Secretary of State

**Entity Name:** DIRECT TITLE & CLOSING SERVICES, LLC

**Current Principal Place of Business:**

100 CHERRY STREET  
MELBOURNE, FL 32901

**New Principal Place of Business:**

**Current Mailing Address:**

100 CHERRY STREET  
MELBOURNE, FL 32901

**New Mailing Address:**

FEI Number: 74-3200042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

VALLIERE, ALICE C  
100 CHERRY STREET  
MELBOURNE, FL 32901      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: VALLIERE, ALICE C MGRM  
Address: 100 CHERRY STREET  
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM      ( ) Delete  
Name: GUILBEAU, BRITTANY J MGRM  
Address: 100 CHERRY STREET  
City-St-Zip: MELBOURNE, FL 32901 US

**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: ALICE C VALLIERE

MGRM

06/30/2009

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