

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90035 008 \*\*\*\*50.00

DOCUMENT # L03000036513

1. Entity Name  
PRICE REAL ESTATE CLOSING SERVICES, LLC



Principal Place of Business  
1907 ATLANTIC BLVD.  
SUITE 2  
JACKSONVILLE, FL 32207

Mailing Address  
1907 ATLANTIC BLVD.  
SUITE 2  
JACKSONVILLE, FL 32207

00044443

2. Principal Place of Business - No P.O. Box #

1616 Jork Road  
Suite, Apt. #, etc.  
STE 102

3. Mailing Address

1616 Jork Road  
Suite, Apt. #, etc.  
STE 102

03062007 Chg-LLC CR2E083 (12/06)

City & State

Jacksonville, FL

City & State

Jacksonville, FL

4. FEI Number

56-2405429

Applied For

Not Applicable

Zip

32207

Country

USA

Zip

32207

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PRICE, MICHAEL S P.A.  
1907 ATLANTIC BLVD.  
SUITE 2  
JACKSONVILLE, FL 32207

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1616 JORK ROAD

STE 102

City Jacksonville

FL

Zip Code

32207

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 MGRM ☐ Delete  
NAME PRICE, MICHAEL S  
STREET ADDRESS 1905 ATLANTIC BLVD., STE. 2  
CITY-ST-ZIP JACKSONVILLE, FL 32207

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Change ☐ Addition  
NAME PRICE, MICHAEL S  
STREET ADDRESS 1616 Jork Road STE. 102  
CITY-ST-ZIP Jacksonville, FL 32207

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

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

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CITY-ST-ZIP

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

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

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/7/07 (904)396-4445