## .. 2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 16, 2008 08:00 A Secretary of State

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1. Entity Name

PRICE REAL ESTATE CLOSING SERVICES, LLC



Principal Place of Business

Mailing Address

1616 JORK RD

1616 JORK RD

SUITE 102

**SUITE 102** 

JACKSONVILLE, FL 32207

JACKSONVILLE, FL 32207



03102008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2405429 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

PRICE, MICHAEL S.P.A. **1616 JORK RD SUITE 102** JACKSONVILLE, FL 32207

## DO NOT WRITE IN THIS SPACE

|                                       |  |                    |  | •  |  |  |  |
|---------------------------------------|--|--------------------|--|--|--|--|--|
|                                       | named entity submits this statement for the purpose of chang<br>tions of registered agent, | ging its registere | d office or registered agent, or both, i   | n the State of Florida. I am familiar with, and accept |  |  |  |
| SIGNATURE.                            | Signature, typed or printed name of registered agent and lide if applicable                | AIOTÉ: Banalaya    | Agent signature required when reinstating) | DATE   |  |  |  |
|                                       | E NOW!!! FEE IS \$138.75<br>y 1, 2008 Fee will be \$538.75                                 | (NOVE. Nagotered   | Agail sujusto a laque et mice i emales my) | 3.12   |  |  |  |
| 9.                                    | MANAGING MEMBERS/MANAGERS  |                    |  | 0000003008 <del>3</del> 6                              |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM PRICE, MICHAEL S 1616 JORK RD SUITE 102 JACKSONVILLE, FL 32207                        |                    |  | U4/29/U8-8UU47-019 138.75                              |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                    |  |  |  |  |  |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP |  |                    | IN THIS SPACE                              |  |  |  |  |
| TITLE NAME STREET ADDRESS             |  |                    |  |  |  |  |  |

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:

THILE NAME STREET ADDRESS CITY-ST-ZIP

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