

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90100 049 ***138.75

DOCUMENT # L03000041850

1. Entity Name
CONSUMER TITLE SERVICES, LLC



Principal Place of Business
3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065

Mailing Address
3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065



2. Principal Place of Business - No P.O. Box #
939 N. UNIVERSITY DR. 939 N. UNIVERSITY DR.

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State
CORAL SPRINGS, FL CORAL SPRINGS, FL

Zip Country
33071 BROWARD 33071 BROWARD

04212008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-0344160 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PONNOCK, ANDREW
3300 UNIVERSITY DRIVE, SUITE 901
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
JAMES E. DUNN

Street Address (P.O. Box Number is Not Acceptable)
939 N. UNIVERSITY DR

City
CORAL SPRINGS, FL Zip Code
33071

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ANDREW PONNOCK ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
JAMES E. DUNN
939 N. UNIVERSITY DR
CORAL SPRINGS, FL 33071 ☒ Change ☐ Addition

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

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP
☐ 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.

SIGNATURE:

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

4/21/08 954.234.5576

Date

Daytime Phone #