## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000048884

Entity Name: A.M. TITLE INSURANCE SERVICES, LLC

FILED Apr 01, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

7490 SW 23 ST STE. 202 7490 SW 23 ST. MIAMI, FL 33155 US SUITE 202

MIAMI, FL 33155 US

**Current Mailing Address: New Mailing Address:** 

7490 SW 23 ST STE. 202 7490 SW 23 ST. MIAMI, FL 33155

SUITE 202

MIAMI, FL 33155 US

FEI Number: 77-0618744 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

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

RODRIGUEZ, OBDULIA RODRIGUEZ, OBDULIA 13430 S.W. 25 STREET 14085 S.W. 104 CT MIAMI, FL 33175 MIAMI, FL 33176

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: OBDULIA RODRIGUEZ 04/01/2005

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

LEON, MAUREEN E Name: Name: Address: 13320 S.W. 110 AVENUE Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

RODRIGUEZ, OBDULIA Name: Name: Address: 14085 S.W. 104 CT. Address: City-St-Zip: MIAMI, FL 33176 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MAUREEN E. LEON **MGRM** 04/01/2005