

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 03, 2008 8:00 am**  
**Secretary of State**

04-03-2008 90072 018 \*\*\*138.75

**DOCUMENT # L03000048884**

1. Entity Name  
**A.M. TITLE SERVICES, LLC**



Principal Place of Business

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

Mailing Address

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

**60019383**



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

**13320 SW 110 AVE**

Suite, Apt. #, etc.

3. Mailing Address

**13320 SW 110 AVE**

Suite, Apt. #, etc.

03242008 Chg-LLC CR2E083 (12/06)

City & State

**MIAMI FL**

City & State

**MIAMI FL**

4. FEI Number

**77-0618744**

Applied For

Not Applicable

Zip

**33176**

Country

Zip

**33176**

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**RODRIGUEZ, OBDULIA**  
**14085 S.W. 104 CT**  
**MIAMI, FL 33176**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**MGRM**  
**LEON, MAUREEN E**  
**13320 S.W. 110 AVENUE**  
**MIAMI, FL 33176**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**MGRM**  
**RODRIGUEZ, OBDULIA**  
**14085 S.W. 104 CT.**  
**MIAMI, FL 33176**

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TITLE  
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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
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☐ Change ☐ Addition

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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 #

**X 3/31/08 7865123177**