


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000009102
 1. Entity Name
 TITLE ASSURANCE SERVICES, LLC



Principal Place of Business Mailing Address
 218 PILOT STREET 218 PILOT STREET
 BOX 402 BOX 402
 BOCA GRANDE, FL 33921 US BOCA GRANDE, FL 33921 US

DO NOT WRITE IN THIS SPACE



01292007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 73-1693758	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent
 ROBBINS, MICHAEL H
 SHUMAKER, LOOP & KENDRICK, LLP
 101 E KENNEDY BLVD, STE 2800
 TAMPA, FL 33602

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOOKER, WALTER L 2324 MONUMENT AVENUE RICHMOND, VA 23220
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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: Walter L. Hooker 2-12-07 804 282-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #