

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 05, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000019276

1. Entity Name
1ST GENERATION TITLE SERVICES, L.L.C.



Principal Place of Business
1510 HANCOCK BRIDGE PKWY SUITE 6
CAPE CORAL, FL 33990

Mailing Address
1510 HANCOCK BRIDGE PKWY SUITE 6
CAPE CORAL, FL 33990



01112007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1026530

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARROLL, ZAIDA L
1507 SE 1ST PLACE
CAPE CORAL, FL 33990

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
CARROLL, ZAIDA L
1016 S.W. 37TH STREET
CAPE CORAL, FL 33904

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
BLOW, DALE A
2018 SE 21ST STREET
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

U000000658597
03/14/07-80032-022 50.00

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IN THIS SPACE**

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: Zaida L. Carroll

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

Date

Daytime Phone #

3/11/2007 239-699-0634