

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019878

Entity Name: PATRIOT TITLE SERVICES, LLC

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

2149 MCGREGOR BLVD.
SUITE #1
FORT MYERS, FL 33901

New Principal Place of Business:

2075 W. FIRST ST.
SUITE #204
FORT MYERS, FL 33901

Current Mailing Address:

2149 MCGREGOR BLVD.
SUITE #1
FORT MYERS, FL 33901

New Mailing Address:

2075 W. FIRST ST.
SUITE #204
FORT MYERS, FL 33901

FEI Number: 20-0863852

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOWNSEND, CAROL A
2149 MCGREGOR BLVD., SUITE #1
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

GARCIA, SHARI M
2075 W. FIRST ST.
SUITE #204
FORT MYERS, FL 33901 US

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: SHARI M. GARCIA

02/15/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TOWNSEND, CAROL A
Address: 15291 BROKEN J RANCH ROAD
City-St-Zip: FORT MYERS, FL 33905

Title: MGR () Delete
Name: GARCIA, SHARI M
Address: 14091 CERRITO STREET
City-St-Zip: FORT MYERS, FL 33905

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARI M. GARCIA

MGR

02/15/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date