

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031181

FILED
Apr 17, 2006
Secretary of State

Entity Name: SENTINEL CLOSING SERVICES, LLC

Current Principal Place of Business:

125 EAST MERRITT ISLAND CAUSEWAY
SUITE 119
MERRITT ISLAND, FL 32952

New Principal Place of Business:

780 EAST MERRITT ISLAND CAUSEWAY
SUITE 6A
MERRITT ISLAND, FL 32952

Current Mailing Address:

125 EAST MERRITT ISLAND CAUSEWAY
SUITE 119
MERRITT ISLAND, FL 32952

New Mailing Address:

780 EAST MERRITT ISLAND CAUSEWAY
SUITE 6A
MERRITT ISLAND, FL 32952

FEI Number: 20-0865620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOILEAU, JOHN L ESQUIRE
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926 US

Name and Address of New Registered Agent:

SOILEAU, JOHN L ESQ.
3490 NORTH U.S. HIGHWAY 1
COCOA, FL 32926 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: JOHN L. SOILEAU

04/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BURGDORFF, JEAN T
Address: 101 SOUTH COURTENAY PARKWAY, SUITE 201
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BURGDORFF, JEAN T
Address: 780 EAST MERRITT ISLAND CAUSEWAY, SUITE 6A
City-St-Zip: MERRITT ISLAND, FL 32952

I hereby certify that the information supplied with this filing does not qualify for the 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: JEAN T. BURGDORFF

MGRM

04/17/2006

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