


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000045937</b>	
1. Entity Name CLOSING SOLUTIONS TITLE LLC	

Principal Place of Business 2477 STICKNEY POINT RD 207B SARASOTA, FL 34231	Mailing Address 2477 STICKNEY POINT RD 207B SARASOTA, FL 34231
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**DO NOT WRITE IN THIS SPACE**



03152006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 43-2053875	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  BENJAMIN, GARY P 2991 DICK WILSON DRIVE SARASOTA, FL 34240
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**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 re-registering)

DATE \_\_\_\_\_


**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BENJAMIN, GARY P 2991 DICK WILSON DRIVE SARASOTA, FL 34240
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04/11/06-80054-016 50.00

**DO NOT WRITE  
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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, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_