2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056265

City-St-Zip:

Title:

Name:

Title:

Name:

Address:

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City-St-Zip:

Entity Name: STERLING TITLE SERVICES, L.L.C.

CHAGRIN FALLS, OH 44022

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FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 50 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022 **Current Mailing Address: New Mailing Address:** 50 EAST WASHINGTON STREET CHAGRIN FALLS, OH 44022 FEI Number: 05-0606989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: BRENNER, CHAD R BKM FLORIDA AGENT CORP. 5561 UNIVERSITY DR 5561 UNIVERSITY DR #103 #103 CORAL SPRINGS, FL 33067 US CORAL SPRINGS, FL 33067 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: R, CHAD BRENNER 01/16/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BRENNER KAPROSY, L.L., .P. Name: Name: Address: 50 EAST WASHINGTON STREET Address:

City-St-Zip:

MGRM

MGRM

MUCCI, MARK

KAPROSY, DAVID V

50 EAST WASHINGTON STREET

CHAGRIN FALLS, OH 44022

5561 UNIVERSITY DR., #103

() Change (X) Addition

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Title:

Title:

Name:

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Name:

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City-St-Zip:

City-St-Zip: City-St-Zip: CORAL SPRINGS, FL 33067

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: DAVID V. KAPROSY MGRM 01/16/2007