

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90020 047 \*\*\*138.75

DOCUMENT # L04000064751

1. Entity Name  
NEW CENTURY TITLE SERVICES, LLC



Principal Place of Business  
6450 SEMINOLE BLVD.  
SEMINOLE, FL 33772

Mailing Address  
6450 SEMINOLE BLVD.  
SEMINOLE, FL 33772

2. Principal Place of Business - No P.O. Box #

6400 Seminole Blvd

3. Mailing Address

6400 Seminole Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

US

Zip

33772

Country

US

04082008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

20-1596737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

HICKMAN, HAROLD  
3401 WEST CYPRESS ST  
TAMPA, FL 33607

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete  
NAME STEWART TITLE OF PINELLAS, INC.  
STREET ADDRESS 6450 SEMINOLE BLVD.  
CITY-ST-ZIP SEMINOLE, FL 33772

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition  
NAME Stewart Title of Pinellas, Inc.  
STREET ADDRESS 414 - 4th Avenue North  
CITY-ST-ZIP St. Petersburg, FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Karen Price

4/15/08

Date

727-828-8108

Daytime Phone #