

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000070485

**FILED**  
**Mar 20, 2006**  
**Secretary of State**

**Entity Name:** AZURE TITLE SERVICES OF SARASOTA, LLC

**Current Principal Place of Business:**

766 SOUTH OSPREY AVENUE  
SARASOTA, FL 34236

**New Principal Place of Business:**

1348 FRUITVILLE ROAD  
UNIT 301  
SARASOTA, FL 34236

**Current Mailing Address:**

766 SOUTH OSPREY AVENUE  
SARASOTA, FL 34236

**New Mailing Address:**

1348 FRUITVILLE ROAD  
UNIT 301  
SARASOTA, FL 34236

**FEI Number:** 20-1840198

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENTICI, TAMMY M  
766 SOUTH OSPREY AVENUE  
SARASOTA, FL 34236 US

**Name and Address of New Registered Agent:**

DENTICI, TAMMY M  
1348 FRUITVILLE ROAD  
UNIT 301  
SARASOTA, FL 34236 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: TAMMY M DENTICI

03/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DENTICI, TAMMY M  
Address: 766 S. OSPREY AVENUE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DENTICI, TAMMY M  
Address: 1348 FRUITVILLE ROAD, UNIT 301  
City-St-Zip: SARASOTA, FL 34236

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: TAMMY M DENTICI

MGR

03/20/2006

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