2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L04000074736

1. Entity Name
ACCESS TITLE SERVICES, LLC

Principal Place of Business	Mailing Address
9000 S.W. 152ND STREET	9000 S.W. 152ND STREET
106	106
MIAMI, FL 33156	MIAMI, FL 33156

DO NOT WRITE IN THIS SPACE

04302008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-1737662	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOPAZO, ARTURO
9000 S.W. 152ND STREET
106
MIAMI, FL 33156

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 reinstating)   DATE

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

U00000941977
05/29/08-80002-007 143.75

9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR
NAME	DOPAZO, ARTURO
STREET ADDRESS	9000 SW 152ND STREET SUITE 106
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____   4/29/08   305-971-1088

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #