

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075603

**FILED**  
**Feb 09, 2010**  
**Secretary of State**

**Entity Name:** AGENT TITLE SERVICES, L.L.C.

**Current Principal Place of Business:**

1104 S.E. 46TH LANE #4  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

1104 S.E. 46TH LANE  
#4  
CAPE CORAL, FL 33904

**Current Mailing Address:**

1104 S.E. 46TH LANE #4  
CAPE CORAL, FL 33904

**New Mailing Address:**

1104 S.E. 46TH LANE  
#4  
CAPE CORAL, FL 33904

**FEI Number:** 20-1803525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, CHRISTINE F ESQ  
2735 SANTA BARBARA BLVD #201  
CAPE CORAL, FL 33904 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TIMOTHY, REICHERT E  
Address: 1104 SE 46TH LANE #4  
City-St-Zip: CAPE CORAL, FL 33904 US

I hereby 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: TIMOTHY E. REICHERT

MGR

02/09/2010

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