


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90170 024 \*\*\*138.75

<b>DOCUMENT # L04000088540</b> 1. Entity Name FLORIDA AFFORDABLE TITLE SERVICES, LLC					
Principal Place of Business 4614 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711			Mailing Address 4614 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711		
2. Principal Place of Business - No P.O. Box # 215 49th Street S.		3. Mailing Address 215 49th Street S.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State St. Petersburg, FL		City & State St. Petersburg, FL			
Zip 33707	Country US	Zip 33707	Country US		
6. Name and Address of Current Registered Agent  HICKMAN, HAROLS 3401 W CYPRESS ST TAMPA, FL 33607			7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>		Make check payable to <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STEWART TITLE OF PINELLAS, INC. 4600 5TH AVENUE SOUTH ST. PETERSBURG, FL 33711		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart Title of Pinellas, Inc 414 - 4th Avenue North St. Petersburg, FL 33701	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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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

Date

Daytime Phone #

*Karen Price* 4/15/08 727-828-8108