2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# L04000088541

Entity Name: ALMAR TITLE SERVICES, LLC

Current Principal Place of Business:

19700 COCHRAN
SUITE B
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

19700 COCHRAN BLVD
SUITE B
PORT CHARLOTTE, FL 33948

Current Mailing Address:

4049 DEL PRADO BOULEVARD
CAPE CORAL, FL 33904

New Mailing Address:

19700 COCHRAN BLVD
SUITE B
PORT CHARLOTTE, FL 33948

FEI Number: 36-4566277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HICKMAN, HAROLD
3401 WEST CYPRESS STREET SUITE 202
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

HENRY, VALERIE K
19700 COCHRAN BLVD
SUITE B
PORT CHARLOTTE, FL 33948 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: VALERIE K HENRY 03/03/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: EXECUTIVE TITLE SERV, ICES, INC.
Address: 4049 DEL PRADO BOULEVARD
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: HENRY, VALERIE K
Address: 19700 COCHRAN BLVD SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948

I hereby certify that the information supplied with this filing does not qualify 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: VALERIE K HENRY MMGR 03/03/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date