

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093752

FILED  
Jun 08, 2009  
Secretary of State

Entity Name: ON TIME TITLE SERVICES, LLC

## Current Principal Place of Business:

6175 N.W. 153 ST.  
SUITE #101  
MIAMI, FL 33014

## New Principal Place of Business:

## Current Mailing Address:

6175 NW 153 ST  
101  
MIAMI LAKES, FL 33014

## New Mailing Address:

6175 N.W. 153 ST.  
SUITE #101  
MIAMI, FL 33014

FEI Number: 34-2030498      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HOYLE, PILAR  
6175 N.W. 153 ST  
SUITE #101  
MIAMI, FL 33014 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 ( ) Delete  
Name: NORIEGA, VERONICA  
Address: 9021 SW 94 ST. PH #801  
City-St-Zip: MIAMI, FL 33014

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: HOYLE, PILAR  
Address: 6175 N.W. 153 ST #101  
City-St-Zip: MIAMI, FL 33014

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: PILAR HOYLE

MGRM

06/08/2009

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