

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000005853

FILED
Sep 06, 2007
Secretary of State

Entity Name: COMPLETE TITLE SERVICES, LLC

Current Principal Place of Business:

1127 SOUTH DRIVE
D
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

1127 SOUTH DRIVE
D
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 34-2032049 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:

ARRAGE, RITA C
1127 SOUTH DRIVE
D
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

SILVERMAN, RITA C
1127 SOUTH DRIVE
D
DELRAY BEACH, FL 33445 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: RITA C. SILVERMAN

09/06/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARRAGE, RITA C
Address: 16075 SIMS ROAD, UNIT 203
City-St-Zip: DELRAY BEACH, FL 33484

Title: MGRM () Delete
Name: KELDANI, DUNIA M
Address: 1127 SOUTH DRIVE, # D
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SILVERMAN, RITA C
Address: 16075 SIMS ROAD, UNIT 203
City-St-Zip: DELRAY BEACH, FL 33484

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

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: RITA C. SILVERMAN

MGRM

09/06/2007

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