

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000011262

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED CLOSING ESCROW AND TITLE SERVICES, L.L.C.

**Current Principal Place of Business:**

16910 S. U.S. HWY 441  
SUITE #205  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

16910 S. U.S. HWY 441  
SUITE #205  
SUMMERFIELD, FL 34491

**New Mailing Address:**

**FEI Number:** 20-2370379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINN, LESLIE ESQ  
LAW OFFICE OF LESLIE QUINN, P.L.  
16910 S. U.S. HWY 441, SUITE #205  
SUMMERFIELD, FL 34491 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: QUINN, LESLIE ESQ  
Address: 16910 S. U.S. HWY 441, SUITE #205  
City-St-Zip: SUMMERFIELD, FL 34491

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: LESLIE QUINN

MGR

04/30/2010

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