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2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT 03-13-2006 90355 048 ****50.00 **DOCUMENT # L05000071775** 1. Entity Name TITLE TRANSFER SERVICES, LLC 30002897 Principal Place of Business Mailing Address 1104 NORTH COLLIER BLVD. 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01192006 CR2E083 (11/05) Applied For City & State City & State 4. FEI Number 20-3273028 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUESEL, JAMIE B Street Address (P.O. Box Number is Not Acceptable) 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145 Zip Code 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 Spears, typed or printed name of registered agent and tide 4 applicable Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. mle MGRM MF ☐ Delete ☐ Chance ☐ Addition GREUSEL, JAMIE B NAME NAME STREET ADDRESS 1104 NORTH COLLIER BLVD. STREET ADDRESS MARCO ISLAND, FL 34145 CITY-ST-ZIP CITY-ST-ZP TITLE TITLE C Delete ☐ Chance ☐ Addition MALA NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete IIILE ☐ Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-702 Delete TITLE TITLE Accidion | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZP TITLE Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Chance ☐ Addition KAME NAME STREET ADDRESS STREET ADORESS CITY-51-72 CITY-ST-ZIP 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 606, Florida Statutes.

FILED Mar 22, 2006 8:00 am Secretary of State

SIGNATURE: rure R PRUCTED NATUE OF



ATTACHMENT 30002897

FLORIDA DEPARTMENT OF ŠTATE

March 15, 2006

TITLE TRANSFER SERVICES, LLC 1104 NORTH COLLIER BLVD. MARCO ISLAND, FL 34145

Subject: TITLE TRANSFER SERVICES, LLC

Reference Number:

L05000071775

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/cj ANNUAL REPORTS SECTION