

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088995

FILED
Mar 20, 2009
Secretary of State

Entity Name: ASSET TITLE SERVICES, L.L.C.

Current Principal Place of Business:

15701 STATE RD. 50, SUITE 204
CLERMONT, FL 34711

New Principal Place of Business:

Current Mailing Address:

15701 STATE RD. 50, SUITE 204
CLERMONT, FL 34711

New Mailing Address:

FEI Number: 20-3389552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRISCOLL, ANGELA M
928 BRIDGEWAY BLVD.
ORLANDO, FL 32828 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: MGRM () Delete
Name: BRASHER, TAMMY L
Address: 11215 CROOKED RIVER CT
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: BRISCOLL, ANGELA M
Address: 928 BRIDGEWAY BLVD
City-St-Zip: ORLANDO, FL 32828

Title: MGRM () Delete
Name: KALANGE, JOHN J
Address: 1115 SALDIVAR RD
City-St-Zip: THE VILLAGES, FL 32159

ADDITIONS/CHANGES:

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

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

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: TAMMY L. BRASHER

MGRM

03/20/2009

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