

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000091139

FILED
Feb 06, 2008
Secretary of State

Entity Name: HOME DOCTORS TITLE SERVICES L.L.C.

Current Principal Place of Business:

2450 HOLLYWOOD BLVD
310
HOLLYWOOD, FL 33020 US

New Principal Place of Business:

1414 NW 107 AVENUE
105
MIAMI, FL 33172 US

Current Mailing Address:

2450 HOLLYWOOD BLVD
310
HOLLYWOOD, FL 33020 US

New Mailing Address:

1414 NW 107 AVENUE
105
MIAMI, FL 33172 US

FEI Number: 20-3506333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMON, ISDELMQ
2450 HOLLYWOOD BLVD
310
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

SIMON, ISDELMQ
1414 NW 107 AVENUE
105
MIAMI, FL 33004 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: ISDELMQ SIMON

02/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRE () Delete
Name: SIMON, ISDELMQ
Address: 2450 HOLLYWOOD BLVD , 310
City-St-Zip: HOLLYWOOD, FL 33020 US

Title: VP (X) Delete
Name: SIMON, ADRIAN
Address: 2450 HOLLYWOOD BLVD #310
City-St-Zip: HOLLYWOOD, FL 33020 US

ADDITIONS/CHANGES:

Title: PRE (X) Change () Addition
Name: SIMON, ISDELMQ
Address: 1414 NW 107 AVENUE #105
City-St-Zip: MIAMI, FL 33172 US

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: ISDELMQ SIMON

PRE

02/06/2008

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