2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093310

812 ALDERWOOD WAY

SARASOTA, FL 34243

Address:

City-St-Zip:

Entity Name: OVERTIME TITLE SERVICES, LLC

FILED Apr 14, 2009 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | |
|---|---|---|---------------------------------------|
| 4910 14TH STREET SUITE 204 BRADENTON, FL 3 | | | |
| Current Mailing Address: | | New Mailing Address: | |
| 812 ALDERWOOD SARASOTA, FL 342 | | | |
| FEI Number: 20-351235 | 4 FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: | | Name and Address of New Registered Agent: | |
| GALLO, MARIA A 812 ALDERWOOD ' SARASOTA, FL 34: | | | |
| The above named e in the State of Florid | ntity submits this statement for the a. | purpose of changing its registere | d office or registered agent, or both |
| SIGNATURE: | | | |
| Electronic Signature of Registered Age | | ent | Date |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANGES: | |
| Title: MGR Name: GALLO, M | ()Delete ∕/ARIA A | Title: Name: | () Change () Addition |

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: MARIA A. GALLO MGR 04/14/2009