

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000001955

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** ASSURED TITLE SOLUTIONS, LLC

**Current Principal Place of Business:**

900 DREW STREET  
STE. 2  
CLEARWATER, FL 33755

**New Principal Place of Business:**

**Current Mailing Address:**

900 DREW STREET  
STE. 2  
CLEARWATER, FL 33755

**New Mailing Address:**

**FEI Number:** 20-4054748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

STAACK, JAMES A  
900 DREW STREET  
STE. 2  
CLEARWATER, FL 33755 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:** MR.  
**Name:** STAACK, JAMES A  
**Address:** 900 DREW STREET  
**City-St-Zip:** CLEARWATER, FL 33755

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:** JAMES A. STAACK

MM

04/05/2010

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