
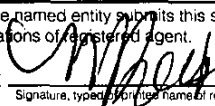


FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90136 047 ***138.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000025605			
1. Entity Name M TITLE GROUP LLC			
Principal Place of Business 13899 BISCAYNE BLVD SUITE 318 NORTH MIAMI BEACH, FL 33181		Mailing Address 13899 BISCAYNE BLVD. PH 12 NORTH MIAMI BEACH, FL 33181	
2. Principal Place of Business - No P.O. Box # 1631 NE Miami Gardens Dr. Suite, Apt. #, etc. # 132		3. Mailing Address 1631 NE Miami Gardens Drive Suite, Apt. #, etc. # 132	
City & State N. Miami Beach		City & State N. Miami Beach	
Zip 33179		Zip 33179	
Country Miami-Dade		Country Miami-Dade	
4. FEI Number 20-4465424		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent REYES, MELINDA 13899 BISCAYNE BLVD., PH 12 NORTH MIAMI BEACH, FL 33181		7. Name and Address of New Registered Agent Name Melinda Reyes Street Address (P.O. Box Number Not Acceptable) 1631 NE Miami Gardens Drive #132 City N. Miami Beach FL Zip Code 33179	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LOPEZ, LOURDES 13899 BISCAYNE BLVD SUITE 318 NORTH MIAMI BEACH, FL 33181 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM REYES, MELINDA 13899 BISCAYNE BLVD SUITE 318 NORTH MIAMI BEACH, FL 33181 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Melinda Reyes 1631 NE Miami Gardens Drive #132 North Miami Beach, FL 33179 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 608, Florida Statutes.

SIGNATURE: 

ATTACHMENT

600/9754



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: M Title Group LLC

2. This limited liability company was organized under the laws of:
Florida State

3. The Florida document/registration number of this limited liability company is:

LD6000025605

4. I, Lourdes Lopez, hereby resign as a managing member (member)
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Lourdes Lopez
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)