

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000049770

**FILED**  
**Apr 10, 2008**  
**Secretary of State**

**Entity Name:** PLATINUM TITLE SERVICES, LLC

**Current Principal Place of Business:**

5808 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

5808 OLD PASCO ROAD  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 20-4872275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FARR, JAMES G ESQ.  
1502 WEST FLETCHER AVE. SUITE 101  
TAMPA, FL 33612 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: PARTNERS TITLE SERVI, CES CORPORATIO N  
Address: 1502 WEST FLETCHER AVE. SUITE 101  
City-St-Zip: TAMPA, FL 33612

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PARTNERS TITLE SERVI, CES GROUP, LLC  
Address: 1502 WEST FLETCHER AVE. SUITE 109  
City-St-Zip: TAMPA, FL 33612

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: JAMES G. FARR

CH

04/10/2008

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