2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 30, 2007 8:00 am Secretary of State

DOCUMEN # L06000086825 1. Entity Namo OCD TITLE SERVICES, LLC				03-21-200	7 90160 021 ****5	50.00	
Principal Place of Business		Mailing Address					
5193 SW 87TH AVE. COOPER CITY FL 33328		5193 SW 87TH AVE. COOPER CITY FL 33328					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			rm aftil Edilli (Stiff åtill) i brid (196) (E1(22) #5 (22)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE	CR2E083 (10/06)		
City & State		City & Stato		4. FEI Number		pplicd For ot Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	S5.00 Add		
	6. Name and Address of Current	Registered Agent	Namo	7. Name and Address of New	Registered Agent		
GELLATLY, CATHY				Street Address (P.O. Box Numbor is Not Acceptable)			
519 CO	3 SW 87TH AVE. OPER CITY FL 33328	City					
					FL Zip Cod	le	
8. The above named onlity 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 Signature, typed or printed name of registered opera and title a applicable, (NOTE Registered Appert 8 graphus remurad when remetators) [NOTE Registered Appert 8 graphus remurad when remetators] [DATE]							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007							
9.	MANAGING MEMBE		10.	ADDITION	S/CHANGES		
NAME SIRVET ADDRESS CITY-ST-ZIP	MGRM GELLATLY, CATHY 5193 SW 87TH AVE. COOPER CITY FL 33328	C) Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition	
HILF NAME STREET ADDRESS CITY ST-ZIP	0000 01100011 20000	☐ Dolete	HILE HAME STREET ADDRESS CITY-SI-7P		☐ Change	Addition	
NAMI: STRLET ADDRESS CITY ST-ZIP		☐ Delete	TITLE NAME. STREET ADDRESS CITY-ST-7/P		Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP		☐ Delete	TITLE NAMI STREET ADDRESS CITY-SI-7IP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-71P		☐ Delete	TITLE NAME STREEL ADDRESS CITY-ST-7IP		☐ Change	Addition	
HITE NAME, SIRIE I ADVORESS CITY+SI-ZIP		☐ Detete	HRE NAME STREET ADDRESS CITY-S1-ZP		Change	Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 each; that I am a managing member or manager of the limited liability company of the receiver or trustee emptyoded to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE: 3/11/07 9/148							
PIGNAI	SIGNATURE AND TYPED OR PRESTED NAME OF	SIGNING MANAGING MEMBER MAN	AGER, OR AUTHORIZED REPRE	EBENTATIVE CALL	Daylane Prone a		