

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110060

FILED
Apr 14, 2009
Secretary of State

Entity Name: ADVANCED CLOSING SERVICES, LLC

Current Principal Place of Business:

3119 W. DE LEON ST.#30
TAMPA, FL 33609

New Principal Place of Business:

4529 LEGACY PARK DR.
TAMPA, FL 33611

Current Mailing Address:

P.O. BOX 320265
TAMPA, FL 33679

New Mailing Address:

FEI Number: 77-0674655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MITCHELL, ROBERT C II
3119 W. DE LEON ST.#30
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

MITCHELL, ROBERT C II
4529 LEGACY PARK DR.
TAMPA, FL 33611 US

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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MITCHELL, ROBERT C II
Address: 3119 W. DE LEON ST.#30
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MITCHELL, ROBERT C II
Address: 4529 LEGACY PARK DR.
City-St-Zip: TAMPA, FL 33611

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: ROBERT C. MITCHELL II

MGR

04/14/2009

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