

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000115163

FILED
Mar 08, 2008
Secretary of State

Entity Name: PRESTO TITLE, LLC

Current Principal Place of Business:

14100 PALMETTO FRONTAGE RD
SUITE 105
MIAMI LAKES, FL 33016

New Principal Place of Business:

7775 W 34TH LN
HIALEAH, FL 33018

Current Mailing Address:

14100 PALMETTO FRONTAGE RD
SUITE 105
MIAMI LAKES, FL 33016

New Mailing Address:

P.O. BOX 126687
HIALEAH, FL 33012

FEI Number: 20-5986434

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMAS, JACQUELINE
14100 PALMETTO FRONTAGE RD
SUITE 105
MIAMI LAKES, FL 33016 US

Name and Address of New Registered Agent:

LAMAS, JACQUELINE
7775 W 34TH LN
HIALEAH, FL 33018 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: JACQUELINE LAMAS

03/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAMAS, JACQUELINE
Address: 7775 W 34TH LN
City-St-Zip: HIALEAH, FL 33018

Title: MGR () Delete
Name: MONTALVO, VIOLETA
Address: 11451 SW 1ST STREET
City-St-Zip: MIAMI, FL 33174

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: LAMAS, TOMAS
Address: 7775 W 34TH LN
City-St-Zip: HIALEAH, FL 33018

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: JACQUELINE LAMAS

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03/08/2008

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