

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000043312

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** REST ASSURE TITLE SERVICES, LLC

**Current Principal Place of Business:**

4001 WEST HENRY AVENUE  
#500  
TAMPA, FL 33614 US

**New Principal Place of Business:**

4001 WEST HENRY AVENUE  
STE 500  
TAMPA, FL 33614 US

**Current Mailing Address:**

4001 WEST HENRY AVENUE  
#500  
TAMPA, FL 33614 US

**New Mailing Address:**

4001 WEST HENRY AVENUE  
STE 500  
TAMPA, FL 33614 US

**FEI Number:** 20-8900426

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHETAN SHAH  
4001 WEST HENRY AVENUE  
SUITE 306  
TAMPA, FL 33614 US

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

CHETAN SHAH  
4001 WEST HENRY AVENUE  
TAMPA, FL 33614 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: CHETAN SHAH

04/27/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHAH, CHETAN R  
Address: 4001 W. HENRY AVE  
City-St-Zip: TAMPA, FL 33614 US

Title: MGR  
Name: SHAH, SHREYA C  
Address: 5706 TPC BLVD  
City-St-Zip: LUTZ, FL 33558

I hereby 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: CHETAN SHAH

MGRM

04/27/2010

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