## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000057345

Entity Name: TITLE TRANSFER, LLC

**Current Principal Place of Business:** 

**FILED** Apr 19, 2008 Secretary of State

() Change () Addition

**New Principal Place of Business:** 

1 ARMAND BEACH DRIVE SUITE 2C PALM COAST, FL 32137 **Current Mailing Address: New Mailing Address:** 1 ARMAND BEACH DRIVE SUITE 2C PALM COAST, FL 32137 FEI Number: 07-0057345 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: VILLANO, THOMAS 1 ARMAND BEACH DRIVE SUITE 2C PALM COAST, FL 32137 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:

ADDITIONS/CHANGES: MGRM Title: () Delete

TIMOTHY J. CONNER, P. .A. Name: Name: Address: 2 JUNGLE HUT ROAD, SUITE 1 Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: VILLANO, THOMAS Name: Address: 1 ARMAND BEACH DRIVE SUITE 2C Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

VILLANO, JOANNE Name: Name: 1 ARMAND BEACH DRIVE SUITE 2C Address: Address: City-St-Zip: PALM COAST, FL 32137 City-St-Zip:

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: THOMAS J VILLANO MRRM 04/19/2008