

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000057345

Entity Name: TITLE TRANSFER, LLC

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1 ARMAND BEACH DRIVE SUITE 2C  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

1 ARMAND BEACH DRIVE SUITE 2C  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 07-0057345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VILLANO, THOMAS  
1 ARMAND BEACH DRIVE SUITE 2C  
PALM COAST, FL 32137 US

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

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:**

Title: MGRM  
Name: TIMOTHY J. CONNER, P.A.  
Address: 4488 NORTH OCEANSHORE BLVD  
City-St-Zip: PALM COAST, FL 32137

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

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

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: THOMAS J VILLANO

MGRM

04/17/2012

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