

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000059277

FILED
Apr 29, 2008
Secretary of State

Entity Name: PRINCIPAL TITLE SERVICES, LLC

Current Principal Place of Business:

937 N MAGNOLIA AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

1833 EDGEWATER DR
ORLANDO, FL 32804

Current Mailing Address:

937 N MAGNOLIA AVENUE
ORLANDO, FL 32803

New Mailing Address:

1833 EDGEWATER DR
ORLANDO, FL 32804

FEI Number: 26-0293106

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PILCHICK, STEVEN
937 N MAGNOLIA AVENUE
ORLANDO, FL 32803 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 () Delete
Name: PILCHICK, STEVEN
Address: 937 N MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: PILCHICK, STEVEN
Address: 937 N MAGNOLIA AVENUE
City-St-Zip: ORLANDO, FL 32803

Title: VP () Change (X) Addition
Name: GREEN, LORRAINE
Address: 937 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803

Title: CFO () Change (X) Addition
Name: PERRIER, DONNA
Address: 937 N MAGNOLIA AVE
City-St-Zip: ORLANDO, FL 32803

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: STEVEN PILCHICK

P

04/29/2008

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