

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114404

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** AACCURATE TITLE SERVICES OF SW FL, LLC

**Current Principal Place of Business:**

403 JOAN AVENUE NORTH  
UNIT B  
LEHIGH ACRES, FL 33971

**New Principal Place of Business:**

403 JOAN AVENUE NORTH  
UNIT A  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

403 JOAN AVENUE NORTH  
UNIT B  
LEHIGH ACRES, FL 33971

**New Mailing Address:**

403 JOAN AVENUE NORTH  
UNIT A  
LEHIGH ACRES, FL 33971

**FEI Number:** 35-2315894

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAITSON, ROSEMARY A ESQ  
2026 HENLEY PLACE  
FORT MYERS, FL 33901 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: MGR  
Name: FELDMAN, BONNIE S  
Address: 403 JOAN AVENUE NORTH, UNIT A  
City-St-Zip: LEHIGH ACRES, FL 33971

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: BONNIE S. FELDMAN

MGR

01/05/2010

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